The following articles are now available and may be helpful to inform your daily practice and achieve improved outcomes for IAPT service users. This evidence-based practice update has been produced for the IAPT workstream in partnership with our host Trust (Cambridgeshire and Peterborough Foundation Trust – CPFT).

Many of the articles listed below are available to NHS staff through their Athens accounts or to CPFT staff on the shelf at Fulbourn Library. To sign up for an Athens account, go to http://www.library.nhs.uk and click on “Register for NHS Athens”. If you are having problems with your Athens account, do not work for CPFT, or would like a copy of one of our print articles, please contact the library by phone on 01223 884 440 or by email at fulbourn.library@cpft.nhs.uk for further advice or assistance. Articles made available are for your personal work or educational use.

The full abstracts for the citations below are included on the IAPT website:

http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/managedclinicalnetwork/iaptworkstream/resourcelibrary.aspx

NEW! May 2013: NICE guidelines for Social Anxiety. For a copy of the update and further supporting documents, visit the NICE website (http://guidance.nice.org.uk/CG159).

Cognitive Behaviour Therapy for Anxiety & Depression

The relationship between use of CBT skills and depression treatment outcome: A theoretical and methodological review of the literature.

Citation: Behavior Therapy, March 2013, vol./is. 44/1(12-26), 0005-7894 (Mar 2013)

Author(s): Hundt, Natalie E, Mignogna, Joseph, Underhill, Cathy, Culy, Jeffrey A

Abstract: Cognitive and behavioral therapies emphasize the importance of skill acquisition and use, and these skills are proposed to mediate treatment outcomes. Despite its theoretical importance research on skill use as a mechanism of change in CBT and its measurement is still in its infancy. A search of online databases was conducted to identify and review the literature testing the meditational effect of CBT skills on treating depression in adults. Additionally, we reviewed the various methods to assess a patient’s use of CBT skills. We identified 13 studies examining the frequency of CBT skill use and 11 studies examining the quality of CBT skill use. While the literature provides preliminary evidence for the mediational role of CBT skill use frequency and quality on depression treatment outcomes, methodological limitations in much of the existing literature prevent firm conclusions about the role of skills use on treatment outcomes. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Full Text: Available from Behavior Therapy in Fulbourn Hospital Library

Acute phase cognitive therapy for recurrent major depressive disorder: Who drops out and how much do patient skills influence response?

Citation: Behaviour Research and Therapy, May 2013, vol./is. 51/4-5(221-230), 0005-7967 (May 2013)

Author(s): Jarrett, Robin B, Minhajuddin, Abu, Kangas, Julie L, Friedman, Edward S, Callan, Judith A, Thase, Michael E

Abstract: Objective: The aims were to predict cognitive therapy (CT) noncompletion and to determine, relative to other putative predictors, the extent to which the patient skills in CT for recurrent major depressive disorder predicted response in a large, two-site trial. Method: Among 523 outpatients aged 18-70, exposed to 12-14 weeks of CT, 21.6%
dropped out. Of the 410 completers, 26.1% did not respond. To predict these outcomes, we conducted logistic regression analyses of demographics, pre-treatment illness characteristics and psychosocial measures, and mid-treatment therapeutic alliance. Results: The 17-item Hamilton Rating Scale for Depression (HRSD17) scores at entry predicted dropout and nonresponse. Patients working for pay, of non-Hispanic white race, who were older, or had more education were significantly more likely to complete. Controlling for HRSD17, significant predictors of nonresponse included: lower scores on the Skills of Cognitive Therapy-Observer Version (SoCT-O), not working for pay, history of only two depressive episodes, greater pre-treatment social impairment. Mid-phase symptom reduction was a strong predictor of final outcome. Conclusions: These prognostic indicators forecast which patients tend to be optimal candidates for standard CT, as well as which patients may benefit from changes in therapy, its focus, or from alternate modalities of treatment. Pending replication, the findings underscore the importance of promoting patients' understanding and use of CT skills, as well as reducing depressive symptoms early. Future research may determine the extent to which these findings generalize to other therapies, providers who vary in competency, and patients with other depressive subtypes or disorders. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Full Text: Available from Behaviour Research and Therapy in Fulbourn Hospital Library; Available from Behaviour Research and Therapy in University of Cambridge Medical Library

CBT for depression: A pilot RCT comparing mobile phone vs. computer.

Citation: BMC Psychiatry, February 2013, vol./is. 13/, 1471-244X (Feb 7, 2013)

Author(s): Watts, Sarah, Mackenzie, Anna, Thomas, Cherian, Griskaitis, Al, Mewton, Louise, Williams, Alishia, Andrews, Gavin

Abstract: Background: This paper reports the results of a pilot randomized controlled trial comparing the delivery modality (mobile phone/tablet or fixed computer) of a cognitive behavioural therapy intervention for the treatment of depression. The aim was to establish whether a previously validated computerized program (The Sadness Program) remained efficacious when delivered via a mobile application. Method: 35 participants were recruited with Major Depression (80% female) and randomly allocated to access the program using a mobile app (on either a mobile phone or iPad) or a computer. Participants completed 6 lessons, weekly homework assignments, and received weekly email contact from a clinical psychologist or psychiatrist until completion of lesson 2. After lesson 2 email contact was only provided in response to participant request, or in response to a deterioration in psychological distress scores. The primary outcome measure was the Patient Health Questionnaire 9 (PHQ-9). Of the 35 participants recruited, 68.6% completed 6 lessons and 65.7% completed the 3-months follow up. Attrition was handled using mixed-model repeated-measures ANOVA. Results: Both the Mobile and Computer Groups were associated with statistically significantly benefits in the PHQ-9 at post-test. At 3 months follow up, the reduction seen for both groups remained significant. Conclusions: These results provide evidence to indicate that delivering a CBT program using a mobile application, can result in clinically significant improvements in outcomes for patients with depression. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Full Text: Available from National Library of Medicine in BMC Psychiatry; Available from BioMedCentral in BMC Psychiatry

Intolerance of uncertainty: A common facet in the treatment of emotional disorders.

Citation: Journal of Clinical Psychology, June 2013, vol./is. 69/6(630-645), 0021-9762/1097-4679 (Jun 2013)

Author(s): Boswell, James F, Thompson-Hollands, Johanna, Farchione, Todd J, Barlow, David H

Abstract: Intolerance of uncertainty (IU) is a characteristic predominantly associated with generalized anxiety disorder (GAD); however, emerging evidence indicates that IU may be a shared element of emotional disorders. Aims: This study aimed to examine IU across diagnostic categories, change in IU during transdiagnostic treatment, and the relationship between change in IU and treatment outcome. Method: Patients diagnosed with heterogeneous anxiety and depressive disorders received up to 18 weeks of a transdiagnostic cognitive-behavioral therapy intervention. Patient self-reported IU and self-report and clinician-rated symptom/functioning measures were administered at pretreatment and posttreatment. Results: When controlling for negative affectivity, IU correlated with measures of depressive symptoms and worry severity at pretreatment. Patients with GAD and panic disorder exhibited the highest pretreatment IU scores, yet IU scores did not differ significantly based on the presence or absence of a specific diagnosis. A significant decrease in IU was observed, and change in IU was related to reduced anxiety and depressive symptom levels at posttreatment across diagnostic categories. Discussion: Change in IU can be observed across problem areas in transdiagnostic treatment and such change is correlated with treatment outcome. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Citation: Journal of Consulting and Clinical Psychology, June 2013, vol./is. 81/3(415-428), 0022-006X;1939-2117

Author(s): Olutunji, Bummi O, Rosenfield, David, Tart, Candyce D, Cottrax, Jean, Powers, Mark B, Smits, Jasper A. J

Abstract: Objective: To examine symptom change over time, the effect of attrition on treatment outcome, and the putative mediators of cognitive therapy (CT) versus behavior therapy (BT) for obsessive-compulsive disorder (OCD) using archival data. Method: Sixty-two adults with OCD were randomized to 20 sessions of CT (N = 30) or BT (N = 32) that consisted of 4 weeks of intensive treatment (16 hr total) and 12 weeks of maintenance sessions (4 hr). Independent evaluators assessed OCD severity using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) at baseline and at Weeks 4, 16 (posttreatment), 26, and 52 (follow-up). Behavioral avoidance, depressive symptoms, and dysfunctional beliefs regarding responsibility were also measured at each assessment. Study hypotheses were tested using multilevel modeling. Results: The slope of change in Y-BOCS scores was significantly greater in BT than in CT (d = 0.69), and those receiving BT had lower Y-BOCS scores at the final assessment than those receiving CT (d = 1.17). The greater slope of change in BT versus CT did not differ for dropouts versus completers. Reduction in depressed mood mediated changes in Y-BOCS across the 2 treatments, but a reduction in sense of responsibility and a decrease in avoidance did not. Instead, Y-BOCS improvements appeared to precede a decrease in avoidance. Conclusions: BT may have some therapeutic advantage over CT in the treatment of OCD, and this advantage does not appear to be due to a differential pattern of responding for treatment dropouts versus completers. Further, inconsistent with hypotheses, improvements in OCD symptoms were mediated by reductions in depressed mood instead of decreases in avoidance and responsibility. Theoretical, methodological, and clinical implications are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Full Text: Available from Journal of Consulting and Clinical Psychology in Fulbourn Hospital Library

Is there a core process across depression and anxiety?

Citation: Cognitive Therapy and Research, April 2013, vol./is. 37/2(307-323), 0147-5916;1573-2819

Author(s): Bird, Timothy, Mansell, Warren, Dickens, Chris, Tai, Sara

Abstract: There is emerging evidence of overlap across cognitive processes. One explanation of this overlap is the presence of a single, higher-order latent process. In this study we tested for a core process and its ability to account for symptoms of depression and anxiety. Using Structural Equation Modeling we compared a model where processes (worry, thought suppression, and experiential avoidance) are treated as separate predictors of symptoms (anxiety and depression) against a model where they are represented by one latent factor. These models were applied in three analyses: a cross-sectional student sample; a longitudinal subset of this analogue sample; and a cross-sectional sample of individuals with long-term health conditions. Comparison of the models showed that while the two sets of models provided comparable fits to the data, the single factor models provided a more parsimonious solution. In addition, the latent factor explained a large proportion of variance in all measured processes, suggesting a high degree of overlap between them. It also explained more variance in symptoms than the processes separately. A Confirmatory Factor Analysis further supported a single factor solution, and the item loadings indicated that the core process represented a perceived inability to control negative thinking. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Non-CBT Modalities

Citation: Clinical Psychology Review, April 2013, vol./is. 33/3(395-405), 0272-7358 (Apr 2013)


Abstract: Despite the evidence suggesting that all treatments intended to be therapeutic are equally efficacious, the conjecture that one form of treatment, namely cognitive-behavioral therapy (CBT), is superior to all other treatment persists. The purpose of the current study was to (a) reanalyze the clinical trials from an earlier meta-analysis that compared CBT to 'other therapies' for depression and anxiety (viz., Tolin, 2010) and (b) conduct a methodologically rigorous and comprehensive meta-analysis to determine the relative efficacy of CBT and bona fide non-CBT treatments for adult anxiety disorders. Although the reanalysis was consistent with the earlier meta-analysis’ findings of small to medium effect sizes for disorder-specific symptom measures, the reanalysis revealed no evidence for the superiority of CBT for depression and anxiety for outcomes that were not disorder-specific. Following the reanalysis, a comprehensive anxiety meta-analysis that utilized a survey of 91 CBT experts from the Association of Behavioral and Cognitive Therapists (ABCT) to consensually identify CBT treatments was conducted. Thirteen clinical trials met the inclusion criteria. There were no differences between CBT treatments and bona fide non-CBT treatments across disorder-specific
and non-disorder specific symptom measures. These analyses, in combination with previous meta-analytic findings, fail to provide corroborative evidence for the conjecture that CBT is superior to bona fide non-CBT treatments. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Group Interventions

The mindfulness-based psychoeducation program for Chinese patients with schizophrenia.

Citation: Psychiatric Services, April 2013, vol./is. 64/4(376-379), 1075-2730 (Apr 1, 2013)
Author(s): Chien, Wai Tong, Lee, Isabella Y. M
Abstract: Objectives: This study tested the effectiveness of a mindfulness-based psychoeducation program for Chinese outpatients with schizophrenia over an 18-month follow-up. The program is a psychoeducational program that addresses patients' awareness and knowledge of schizophrenia and builds skills for illness management. Methods: A multisite controlled trial was conducted with 96 Chinese patients with schizophrenia in Hong Kong. They were randomly assigned to either the mindfulness-based psychoeducation program or usual psychiatric care. The patients' mental and psychosocial functioning, insights into illness, and rehospitalization rates were measured at recruitment and at three and 18 months post-intervention. Results: Compared with those in usual care, the patients in the mindfulness psychoeducation program showed significantly greater improvements in their illness insights, symptom severity, functioning, and number and length of rehospitalizations at the 18-month follow-up. Conclusions: The findings provide evidence that the mindfulness-based education program can improve Chinese schizophrenia sufferers' psychosocial functioning and reduce their illness relapse. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
Full Text: Available from Psychiatric Services in Fulbourn Hospital Library

Hard to Reach Groups

Motivational interviewing to reduce hazardous drinking and drug use among depression patients.

Citation: Journal of Substance Abuse Treatment, April 2013, vol./is. 44/3(323-329), 0740-5472 (Apr 2013)
Author(s): Satre, Derek D, Delucchi, Kevin, Lichtmacher, Jonathan, Sterling, Stacy A, Weisner, Constance
Abstract: This randomized study examined the efficacy of motivational interviewing (MI) to reduce substance use among adults with depression in outpatient psychiatry. The sample consisted of 104 participants ages 18 and over who reported hazardous drinking (three drinks or more per occasion), illegal drug use or misuse of prescription drugs in the prior 30 days, and who scored >=15 on the Beck Depression Inventory-II (BDI-II). Participants were randomized to receive either three sessions of MI or printed literature about alcohol and drug use risks, as an adjunct to usual outpatient depression care, and completed telephone follow-up interviews at 3 and 6 months (93 and 99% of the baseline sample, respectively). Among participants reporting any hazardous drinking at baseline (n = 73), MI-treated participants were less likely than controls to report hazardous drinking at 3 months (60.0 vs. 81.8%, p = .043). MI is a promising intervention to reduce hazardous drinking among depression patients. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

When does change begin following screening and brief intervention among depressed problem drinkers?

Citation: Journal of Substance Abuse Treatment, April 2013, vol./is. 44/3(264-270), 0740-5472 (Apr 2013)
Abstract: Brief interventions are effective for problem drinking and reductions are known to occur in association with screening and assessment. The present study sought to assess, among participants (N=202) in a clinical trial, how much change occurred between baseline assessment and a one-session brief intervention (S1), and the predictors of early change. The primary focus was on changes in the Beck Depression Inventory Fast Screen scores and alcohol consumption (standard drinks per week) prior to random allocation to nine further sessions addressing either depression, alcohol, or both problems. There were large and clinically significant reductions between baseline and S1, with the strongest predictors being baseline scores in the relevant domain and change in the other domain. Client engagement was also predictive of early depression changes. Monitoring progress in both domains from first contact, and provision of empathic care, followed by brief intervention appear to be useful for this high prevalence comorbidity. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
Self-help Interventions

Chewing gum may be an effective complementary therapy in patients with mild to moderate depression.

**Citation:** Appetite, June 2013, vol./is. 65/(31-34), 0195-6663 (Jun 1, 2013)

**Author(s):** Erbay, Furkan Muhammed, Aydin, Nazan, Sati-Kirkan, Tulay

**Abstract:** Previous studies indicated that chewing gum may relieve stress and depression. There have, however, not been a significant number of studies on clinical usage of chewing gum. In the present study, 30 patients with mild to moderate depression were given either medication combined with chewing gum, or medication only, for 6 weeks. Turkish adaptation of Hamilton Rating Scale for Depression (HAM-D) was used to measure depression levels. Assessments were conducted by the same physician both before, and after treatment. The physician who was responsible for the assessment was not aware of the group allocation. Changes in main HAM-D scores and each item were analyzed by independent samples t test and Chi-Square test, respectively. Those patients who were administrated chewing gum responded better to the treatment than patients who took medication only. The most beneficial effect of chewing gum was observed on the gastrointestinal symptoms, e.g. loss of appetite, and flatulence among others. These results indicate that chewing gum may not be directly effective on depressed mood; however, it may reduce the symptoms originating from depression. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Full Text:** Available from Appetite in University of Cambridge Medical Library

Severe Mental Illness:

Cognitive behavioral therapy for negative symptoms (CBT-n) in psychotic disorders: A pilot study.

**Citation:** Journal of Behavior Therapy and Experimental Psychiatry, September 2013, vol./is. 44/3(300-306), 0005-7916

**Author(s):** Staring, Anton B.P, ter Huurne, Mary-Ann B, van der Gaag, Mark

**Abstract:** Background and objectives: The treatment of negative symptoms in schizophrenia is a major challenge for mental health care. One randomized controlled trial found that cognitive therapy for low-functioning patients reduced avolition and improved functioning, using an average of 50.5 treatment sessions over the course of 18 months. The aim of our current pilot study was to evaluate whether 20 sessions of Cognitive Behavioral Therapy for negative symptoms (CBT-n) would reduce negative symptoms within 6 months. Also, we wanted to test the cognitive model of negative symptoms by analyzing whether a reduction in dysfunctional beliefs mediated the effects on negative symptoms. Method: In an open trial 21 adult outpatients with a schizophrenia spectrum disorder with negative symptoms received an average of 17.5 sessions of CBT-n. At baseline and end-of-treatment, we assessed negative symptoms (PANSS) and dysfunctional beliefs about cognitive abilities, performance, emotional experience, and social exclusion. Bootstrap analysis tested mediation. Results: The dropout rate was 14% (three participants). Intention-to-treat analyses showed a within group effect size of 1.26 on negative symptoms (t = 6.16, Sig = 0.000). Bootstrap analysis showed that dysfunctional beliefs partially mediated the change. Limitations: The uncontrolled design induced efficacy biases. Also, the sample was relatively small, and there were no follow-up assessments. Conclusions: CBT-n may be effective in reducing negative symptoms. Also, patients reported fewer dysfunctional beliefs about their cognitive abilities, performance, emotional experience, and social exclusion, and this reduction partially mediated the change in negative symptoms. The reductions were clinically important. However, larger and controlled trials are needed. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

A randomized controlled trial of relapse prevention therapy for first-episode psychosis patients: Outcome at 30-month follow-up.

**Citation:** Schizophrenia Bulletin, March 2013, vol./is. 39/2(436-448), 0586-7614;1745-1701 (Mar 2013)

**Author(s):** Gleeson, John F. M, Cotton, Sue M, Alvarez-Jimenez, Mario, Wade, Darryl, Gee, Donna, Crisp, Kingsley, Pearce, Tracey, Spiliotopoulos, Daniela, Newman, Belinda, McGorry, Patrick D

**Abstract:** The effectiveness of a novel 7-month psychosocial treatment designed to prevent the second episode of psychosis was evaluated in a randomized controlled trial at 2 specialist first-episode psychosis (FEP) programs. An individual and family cognitive behavior therapy for relapse prevention was compared with specialist FEP care. Forty-one FEP patients were randomized to the relapse prevention therapy (RPT) and 40 to specialist FEP care. Participants were assessed on an array of measures at baseline, 7- (end of therapy), 12-, 18-, 24-, and 30-month follow-up. At 12-month follow-up, the relapse rate was significantly lower in the therapy condition compared with specialized treatment alone (P = .039), and time to relapse was significantly delayed for those in the relapse therapy condition (P = .038);
however, such differences were not maintained. Unexpectedly, psychosocial functioning deteriorated over time in the experimental but not in the control group; these differences were no longer statistically significant when between-group differences in medication adherence were included in the model. Further research is required to ascertain if the initial treatment effect of the RPT can be sustained. Further research is needed to investigate if medication adherence contributes to negative outcomes in functioning in FEP patients who have reached remission, or, alternatively, if a component of RPT is detrimental. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Full Text: Available from Schizophrenia Bulletin in Fulbourn Hospital Library

Group cognitive-behavioral therapy for early psychosis.

Citation: Cognitive Therapy and Research, April 2013, vol./is. 37/2(403-411), 0147-5916;1573-2819 (Apr 2013)

Author(s): Chung, Young-Chul, Yoon, Kil-Sang, Park, Tae-Won, Yang, Jong-Chul, Oh, Keun-Young

Abstract: Relapse following stabilization of acute psychotic symptoms is common. Psychosocial intervention following stabilization is essential to improve long-term outcome in patients with first-episode or recent-onset psychosis. The present study investigated the efficacy of group cognitive behavioral therapy (CBT) in further improving clinical status in stable outpatients with first-episode or recent-onset (<= 5 years) psychosis. Twenty four patients participated in 12 weekly sessions. Clinical variables were assessed pre- and post-treatment. Primary outcome measures were the Ambiguous Intention Hostility Questionnaire, Positive and Negative Syndrome Scale, and Psychotic Symptoms Rating Scales. Secondary outcome measures included self-report scales evaluating emotion, functioning, insight, and schemas. Treatment significantly improved the primary and most of the secondary outcome measures. Insight was not significantly changed. Moderate correlations were observed between the primary and some secondary outcome measures. The results indicate that group CBT further improves the clinical status of stable outpatients with first-episode or recent-onset psychosis. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Regional IAPT CPD Events:

The DCP Faculty of the Psychology of Older People (FPOP) (formerly PSIGE) are holding their Annual Conference & AGM in the East of England this year. For information, see the FPOP website (http://www.kc-jones.co.uk/rsm/6/event-page/348/1/).

Title: Sexuality & Identity in Older People
Keynote Speakers: Dr Linda Claire: Awareness, self-concept and the experience of dementia
Dr David Weeks: Good Sex: Eccentrics and the super-young phenomenon.

Date: Thursday 4th July 2013 - Friday 5th July 2013
Venue: Town Hall, Colchester, Essex

Health in Mind (North Essex Partnership NHS Foundation Trust / Rethink) is hosting two CPD events for CBT Therapists:
- Treating PTSD in IAPT: A skills master-class. Facilitated by Dr Hannah Murray, Clinical Psychologist Traumatic Stress Service, South-West London & St Georges NHT Trust. 27 and 28 June from 9:00-17:00 in Colchester, Essex. Cost: £35.00
- Integrating Compassion Focused Therapy with familiar CBT approaches. Facilitated by Dr Mary Welford, Consultant Clinical Psychologists, Chair and Founding Member of the Compassionate Mind Foundation. 15 July from 9:00-17:00 in Colchester, Essex. Cost: £35.00

To register your interest, please email Rachel.anderson@rethink.org or call 0300 330 5455.

National IAPT Initiatives:

How do we make Psychological Therapies more available and effective for people with Severe Mental Illness?

If you are interested in answering this question, it may be helpful to refer to the national IAPT website for information and presentations from their SMI Conference in March (http://www.iapt.nhs.uk/smi-smi-conference-07-march-2013/). You may also be keen to visit one of the national SMI demonstration sites and share their experiences of establishing IAPT services for SMI. For information, please refer to the national IAPT website http://www.iapt.nhs.uk/smi-smi-demonstration-sites-open-days-2013/ and contact the organisers of the open days directly if you wish to attend.
Psychological Therapies / IAPT Workstream

National Open Days:
4th June 2013 - Lancashire EIS Conference - Download details
4th June 2013 - Barnet Enfield Haringey MH NHS Trust (South West) - Download details
5th June 2013 - Somerset partnership NHS FT Open Day Flyer - Download details
18th June 2013 - IMPART - IAPT SMI Open Day, Ilford, Essex - Download details
27th June 2013 - Barnet Enfield Haringey MH NHS Trust - Download details
1st July 2013 - South London & Maudsley NHS Foundation Trust - Download details
11th July 2013 - Birmingham & Solihull FT / Spectrum centre for MH Research site - Download details
22nd July 2013 - Barnet Enfield Haringey MH NHS Trust (North West) - Download details

A series of Positive Practice guides are available on the national IAPT website http://www.iapt.nhs.uk/commissioning/positive-practice-guides/
- Black and Minority Ethnic communities
- Older People
- Perinatal care
- Offenders
- Long Term Conditions
- Medically Unexplained Symptoms
- Veterans
- Learning Disability
- Working with people who use drugs and alcohol

Commercial IAPT CPD events:

British Association for Behavioural and Cognitive Psychotherapies (BABCP) 41st Annual Conference and Workshops.
16-19 July 2013: Imperial College, London, includes a range of workshops:
- Adult Mental Health
- Eating Disorders
- IAPT and Primary Care
- Child and Adolescent
- Older People
- Severe and Enduring Problems
For further information visit: www.babcpconference.com

Other BABCP events visit: www.babcp.com/training/events:
- Overcoming challenges when conducting and supervising CBT for Generalised Anxiety Disorder: Facilitated by Dr Collette Hirsch: 10 June 2013: Cambridge
- Understanding and working Effectively with GAD in Low Intensity CBT: Facilitated by Dr Marie Chellingsworth. 21 June 2013: Nottingham
- Couples Special Interest Group: Assessment and Formulation Skills, Theory to Practice. Facilitated by Carla Swan and John Williams. 27 June 2013: Milton Keynes.

SBK are organising a series of IAPT Seminars: 25th - 26th September 2013, Colmore Gate, Birmingham

1. **Evolving the Role of the PWP in IAPT: Wednesday 25th September 2013**
This unique event offers IAPT Service Managers and Psychological Wellbeing Practitioners the opportunity to get together and find out how other services are using their PWPs innovatively to cut costs and improve clinical outcomes:
- Understand the impact of the PWP Review
- Expand the role of the PWP to treat people with LTC/MUS and older people
Psychological Therapies / IAPT Workstream

- Deliver innovative stress control classes led by PWPs
- Create opportunities for PWP career progression and improve retention

2. Delivering Mental Health Services for Veterans and their Families: Wednesday 25th September 2013
This event will offer providers and commissioners of psychological therapy services with an interest in veterans’ mental health the opportunity to:
- Hear best practice from existing veterans’ mental health services from across the country
- Find out how services are supporting the families and children of veterans
- Gain strategies for breaking down the barriers to veterans in accessing mental health services
- Meet and learn from the key players in veterans’ mental health in the UK

3. IAPT for SMI: Thursday 26th September 2013
Learn how your IAPT service can evolve to meet the needs of people with severe mental illness. Chaired by Alex Stirzaker, the IAPT National Advisor for SMI, this interactive seminar will give you a unique insight into your most pressing issues:
- Understand the impact of commissioning changes on IAPT for SMI
- Design your pathway for improving access to psychological therapy for patients with psychosis, bipolar disorder and personality disorder
- Get to grips with the different implementation models for IAPT for SMI
- Tackle the barriers to implementation and get everyone on board

Other SBK events in our IAPT and Mental Health series include:
- Children and Young People’s IAPT: Thursday 11th July 2013, Hotel La Tour, Birmingham
- Optimising your IAPT Service for PbR: Wednesday 12th June 2013, DoubleTree by Hilton, Manchester
- IAPT for Long Term Conditions: Thursday 13th June 2013, DoubleTree by Hilton, Manchester
- Progressing your Adult Mental Health Inpatient Services: Wednesday 12th June 2013, DoubleTree by Hilton, Manchester
- Driving Forward Mental Health Clinical Coding: Tuesday 2nd July 2013, DoubleTree by Hilton, Manchester

How to book your place:
1. Call on 01732 897 788
2. Email your details and the name of the event to bookings@sbk-healthcare.com

To include information in the next e-update, please email: nicola.biggs@cpft.nhs.uk

This resource has been produced with the kind assistance of Ian Rennie:
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