



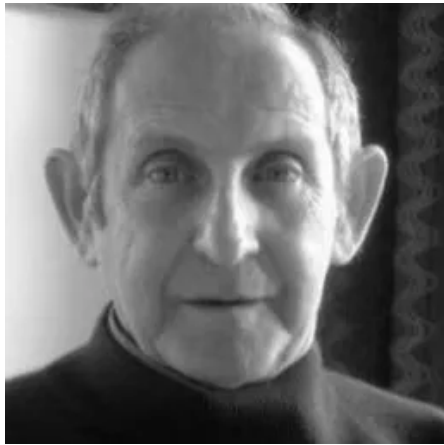
WHY ARE THERE SO FEW CBT MEDICS?

STIRLING MOOREY

RETIRED CONSULTANT MEDICAL PSYCHOTHERAPIST

PRESIDENT ELECT BABCP

Psychiatrists were pioneers of behaviour therapy in the UK



Isaac Marks

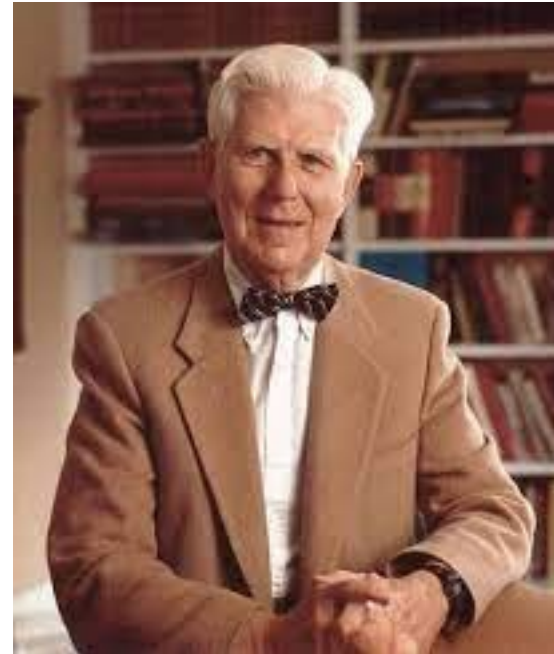
Fears and phobias (Marks 1969)



Ted Chesser

Behaviour therapy in clinical psychiatry (Meyer & Chesser 1971)

and cognitive therapy in the USA



Aaron T Beck

Cognitive Therapy and the Emotional Disorders (Beck 1976)

Psychiatrists continue to contribute to CBT research and innovation



Schizophrenia
David Kingdon &
Doug Turkington



PTSD
Chris Freeman



Eating disorders
Ulrike Schmidt



Body Dysmorphic Disorder
David Veale



Computerised CBT
Chris Williams

NICE recommends CBT as primary psychological treatment for

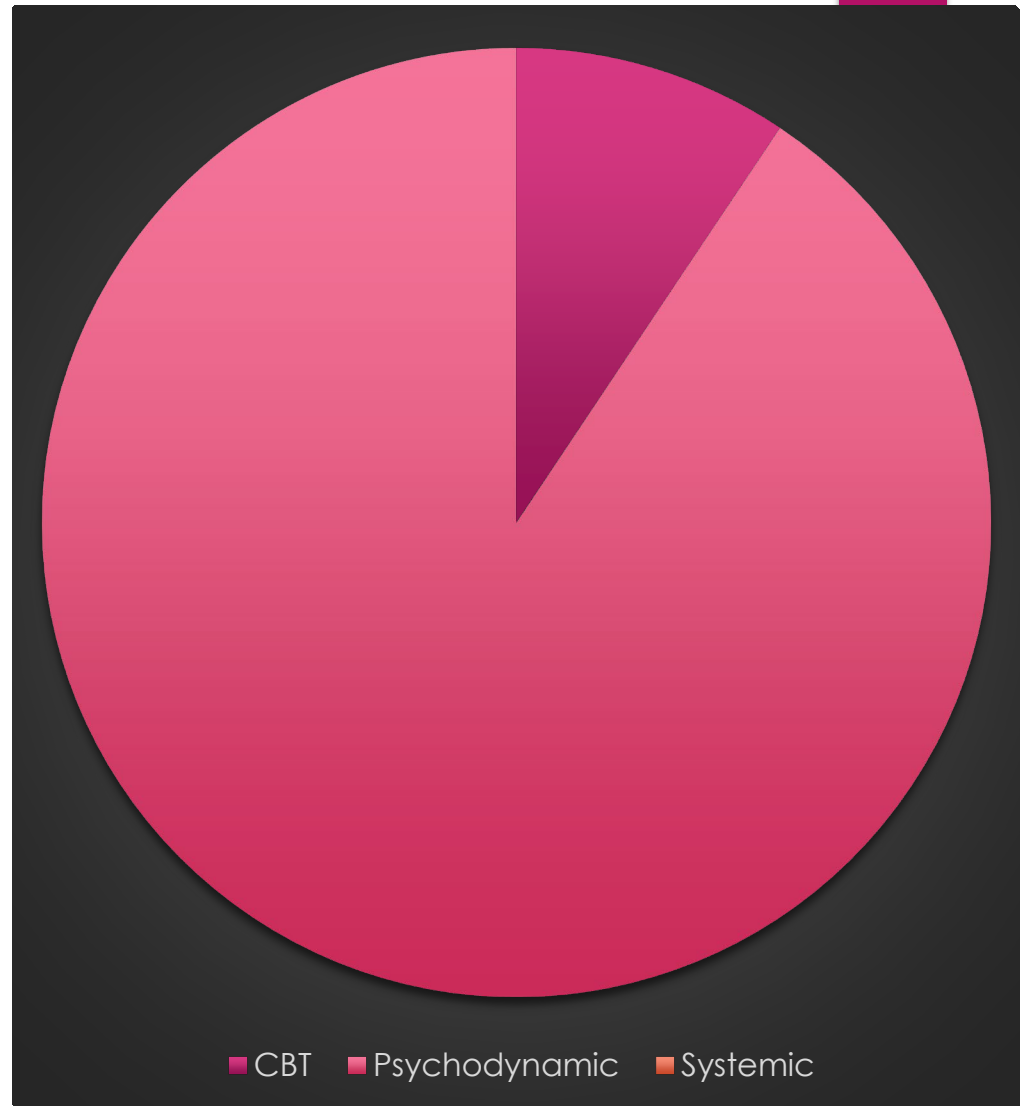
- ▶ generalised anxiety disorder and panic disorder
- ▶ social anxiety disorder (based on Clark or Heimberg model)
- ▶ eating disorders: anorexia nervosa, bulimia nervosa, binge eating disorder
- ▶ obsessive compulsive disorder and body dysmorphic disorder
- ▶ children and adults with PTSD (individual trauma-focused CBT)
- ▶ acute episodes of psychosis or schizophrenia

Yet...

only 15 of 160 medical psychotherapy consultants in the 4 nations are CBT psychotherapists.

+ around 6 general psychiatrists with dedicated CBT sessions.

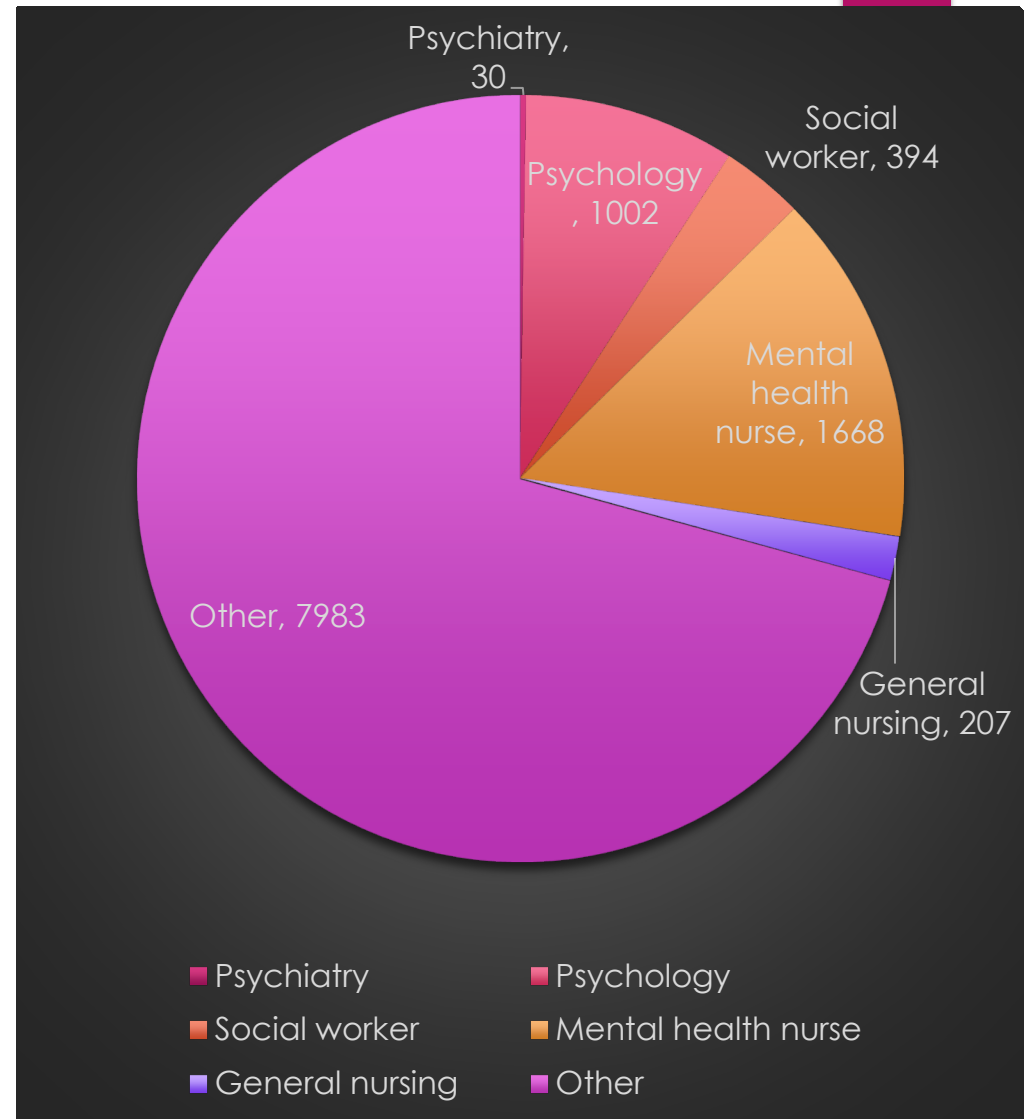
There are no systemic consultant medical psychotherapists.



and...

only 120 out of 20,000 members of the British Association for Behavioural and Cognitive Psychotherapy are psychiatrists.

only 30 out of 11284 are accredited CBT therapists.



BABCPC accredited CBT therapists by core profession

Why?

Historic legacy

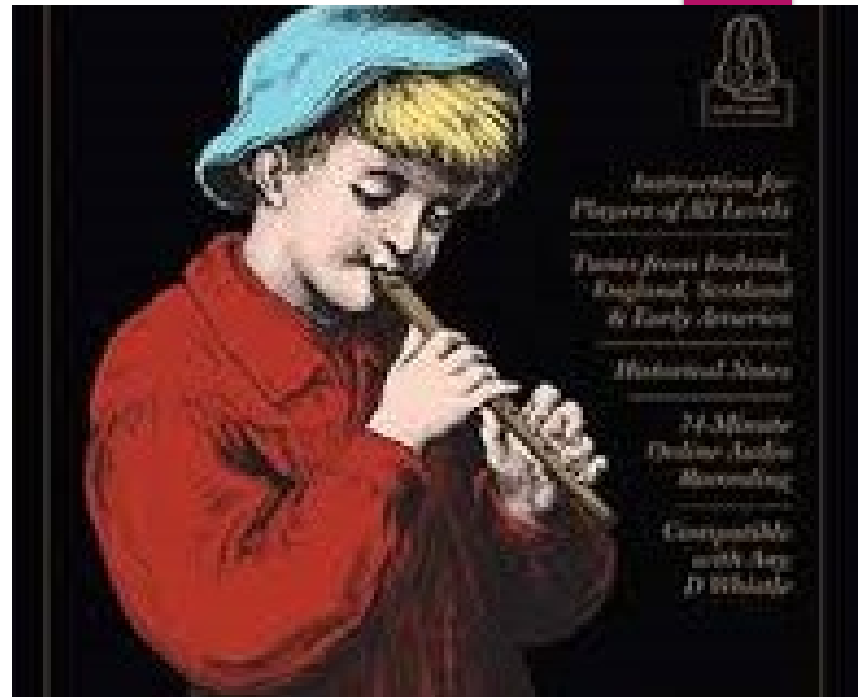
Professional identity

Success of CBT in the
NHS

Economic and
systemic pressures



Historic legacy



PSYCHOANALYSIS V CBT

CBT and Medical Psychotherapy

- ▶ Traditionally only psychoanalytically trained psychiatrists could become medical psychotherapists.
- ▶ 1990s - Mark Aveline introduced tripartite training
 - ▶ Psychodynamic
 - ▶ CBT
 - ▶ Systemic
- ▶ Strong support from subsequent chairs - Jeremy Holmes and Chris Mace.
- ▶ First CTs and Consultant Psychiatrists in CBT come into post.

Medical CBT after 30 years

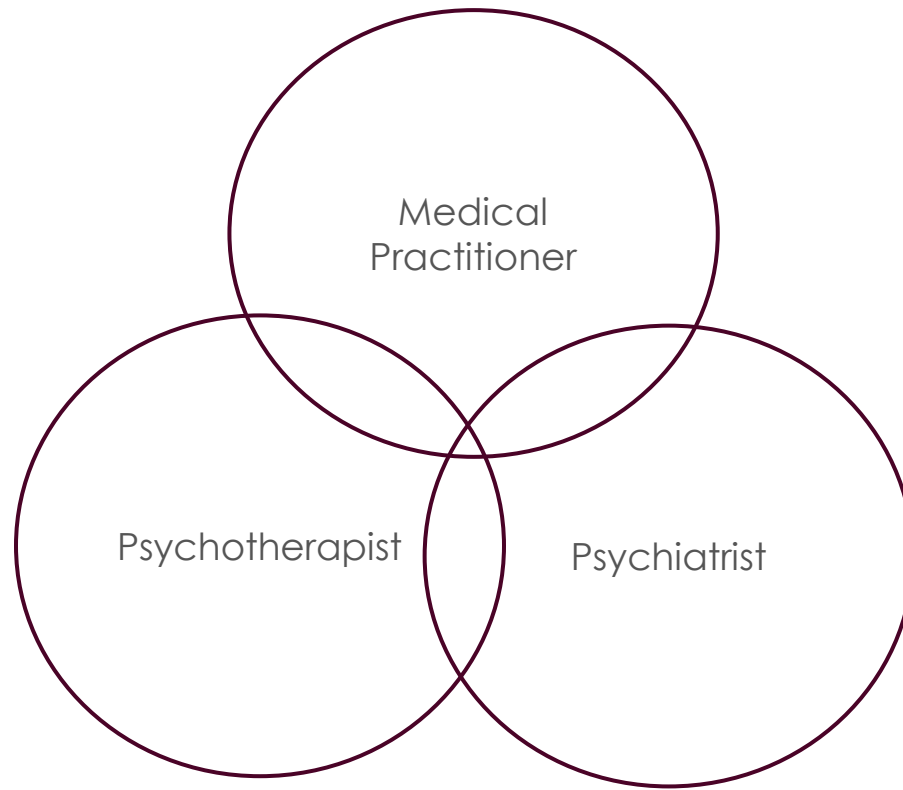
- ▶ 15 consultant CBT psychiatrists with CCT
- ▶ 6 recently retired
- ▶ 6 in training

Obstacles to expansion of medical CBT

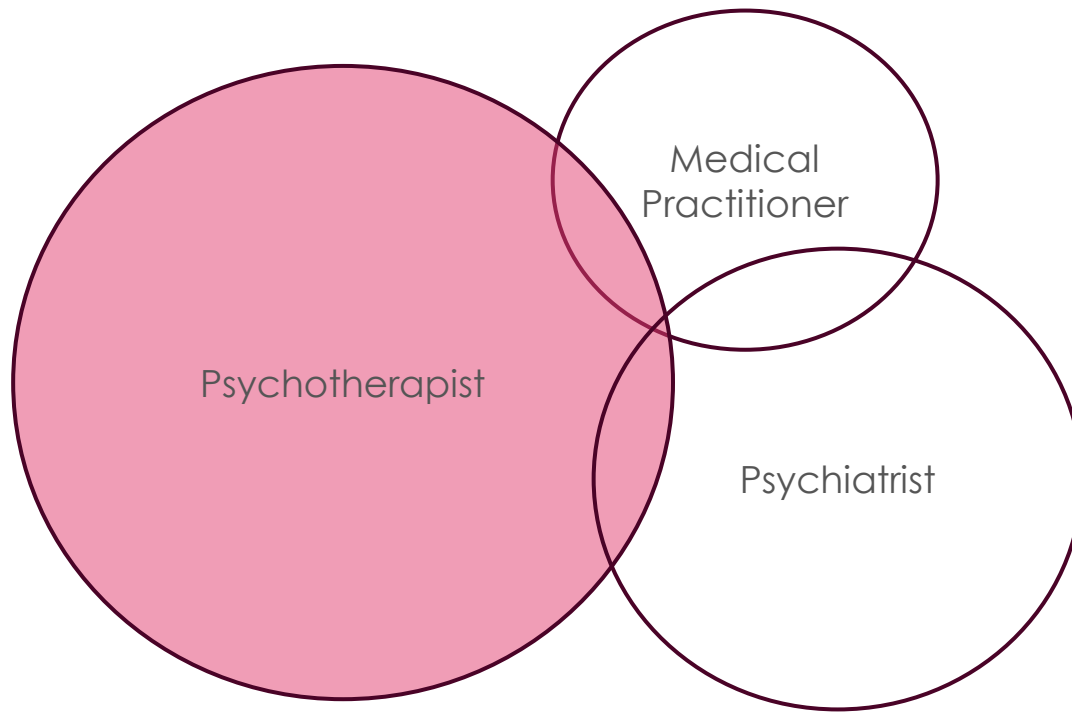
- ▶ Resistance to converting CT posts from psychodynamic to CBT.
- ▶ Lack of trained CBT psychiatrists.
- ▶ Minoritised status of CBT:
 - ▶ Faculty members predominantly psychodynamic.
 - ▶ Narrative predominantly psychodynamic.
 - ▶ Democratic process inevitably favours majority group.



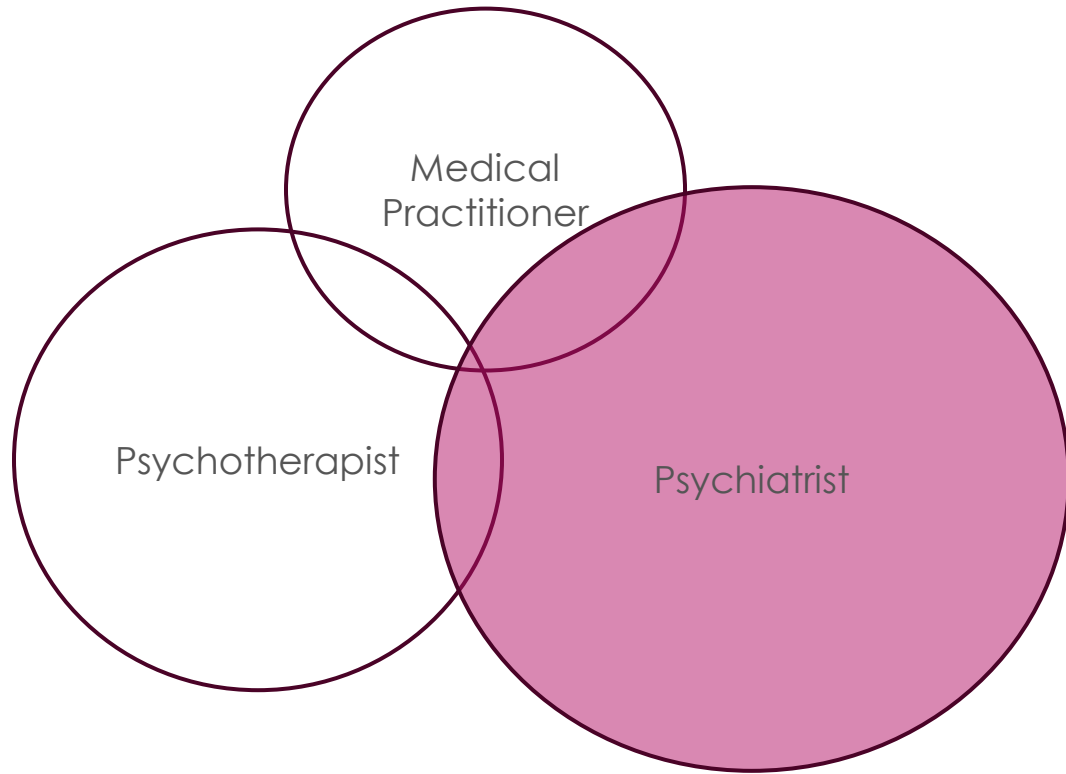
Professional identity



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Professional identity



Success of CBT

Success of CBT in the NHS

- ▶ NICE Guidelines and strong evidence base.
- ▶ Funding and rollout of Improving Access to Psychological Therapies (Now NHS Talking Therapies).
- ▶ Training courses geared towards IAPT.
- ▶ Expansion of brief CBT interventions at low intensity level.
- ▶ Expansion of CBT delivered by High Intensity Therapists and Psychologists.
- ▶ Expectation that medical input to IAPT would be via GPs not psychiatrists.
- ▶ CBT becomes associated with non-medical psychological therapists.



Economic and systemic pressures

Economic and systemic pressures

- ▶ Consultant medical psychotherapists are expensive.
- ▶ Psychologists must share CBT with high intensity therapists.
- ▶ Existential threat leads to protective practices within and between professions.
- ▶ Psychodynamic consultants survive through mandatory psychotherapy training of psychiatry CTs.
- ▶ CBT training can be delivered by non-medical psychological therapists.



Solutions?

Solutions?

- ▶ Review of medical psychotherapy?
 - ▶ How to increase CBT and systemic presence?
 - ▶ How to incorporate new evidence-based therapies, modes of training and delivery?
 - ▶ How to be truly biopsychosocial?
- ▶ CBT in general psychiatry:
 - ▶ Dialogue with BABCP and NHS Talking Therapies.
 - ▶ Endorsement for CBT training in general psychiatry.
 - ▶ Using this to ensure CT CBT training and supervision is delivered by psychiatrists.





Thankyou

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