

Reaching the parts that CBT might not reach: Creative alternatives & choice of therapies in EIP

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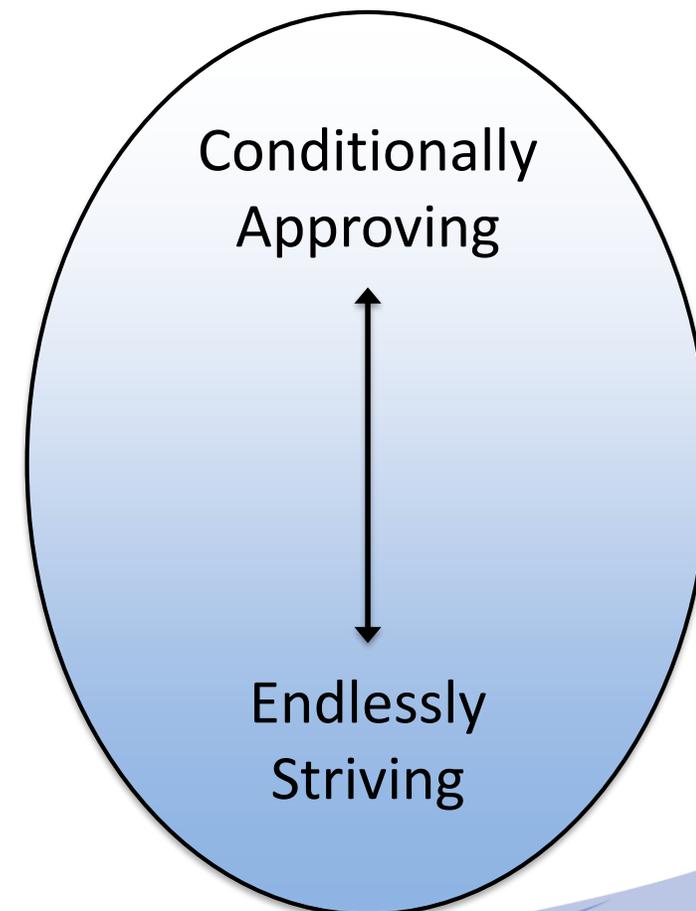


Context

- Many services have been dramatically transformed by new investment in psychological therapies.
- CBT is the only 1:1 therapy that has achieved the 'gold standard' for inclusion in NICE guidelines of 2 well-designed RCTs.
- Experience and research evidence tells us that CBT doesn't suit everyone (e.g. response rates of 32-39% [Naeem et al., 2008; Morrison et al., 2014]). Doesn't suit all therapists either..
- EIP has a proud tradition of creativity and innovation... but we are not being asked to report on this.
- What choices can we offer? How should we cut the cake?

Cognitive Analytic Therapy

- Focusses on the relationship patterns we fall into – with other people and ourselves.
- Uses the therapy relationship to reflect on these patterns, to process emotion and to consider new ways of relating.
- Work may be about the relationships with ‘real’ others, or ‘experienced’ others (e.g. voices, source of paranoia)
- Especially suited (and evidence-based) for people who have difficulty managing emotions and maintaining relationships.
- Also helps teams to understand the patterns they may be drawn into with clients and “not join in the dance”.



CAT outcomes (Taylor et al 2018)

- Small case series – 7 participants: 4 completed, 2 dropped out and one moved area.
- Although change in psychotic symptoms (brief PANSS) was limited, statistically significant and reliable improvement in perceived recovery (QPR: 3/4) and personality integration (PSQ: 1/4) was observed.
- Pilot suggests that researching the approach is feasible, safe & acceptable to clients. Next stage would be to test against a control group.
- Qualitative feedback coded into the following themes:
 - *Insight into experiences,*
 - *Building a therapeutic relationship*
 - *The usefulness of CAT tools*
 - *Making positive changes*

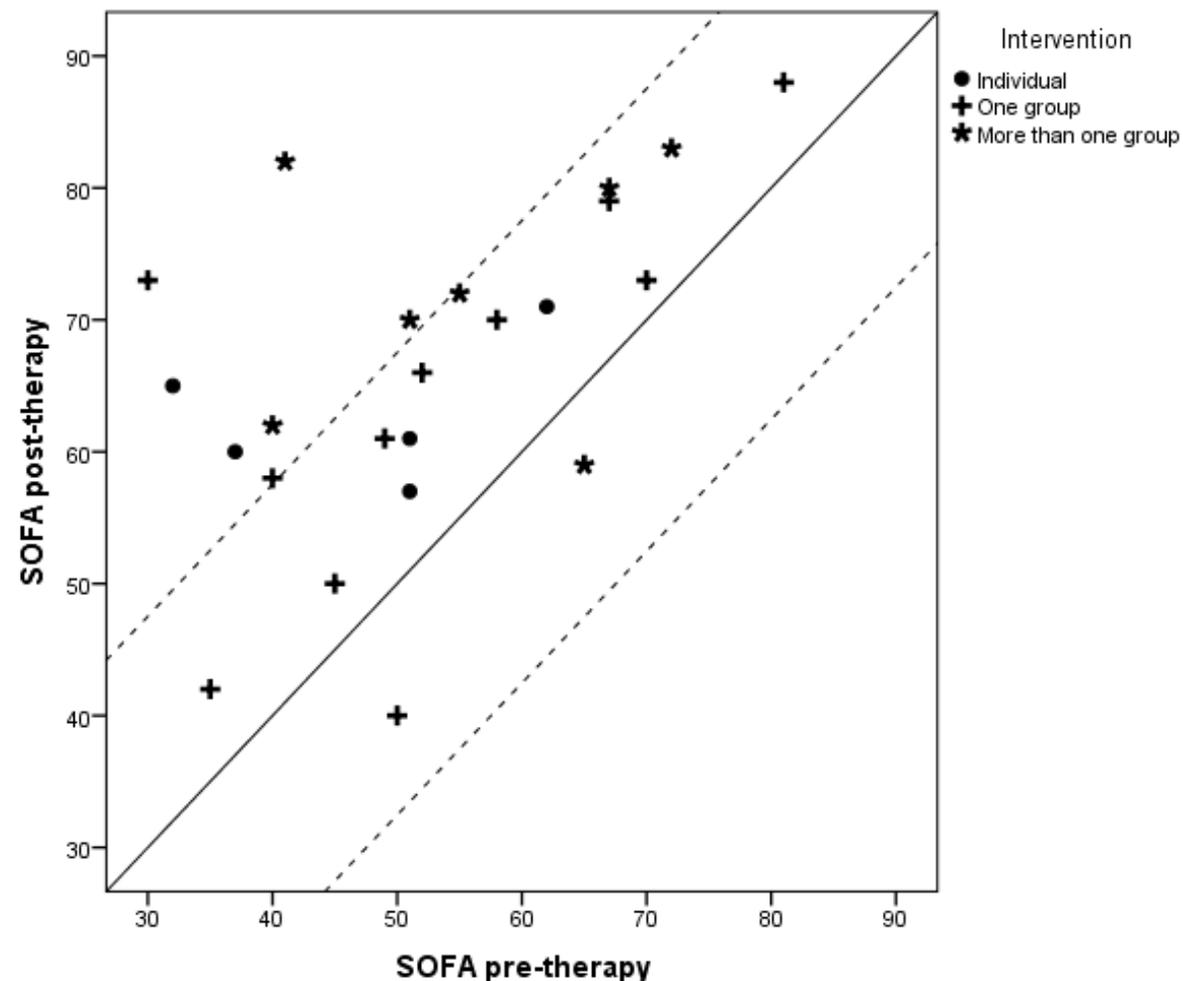
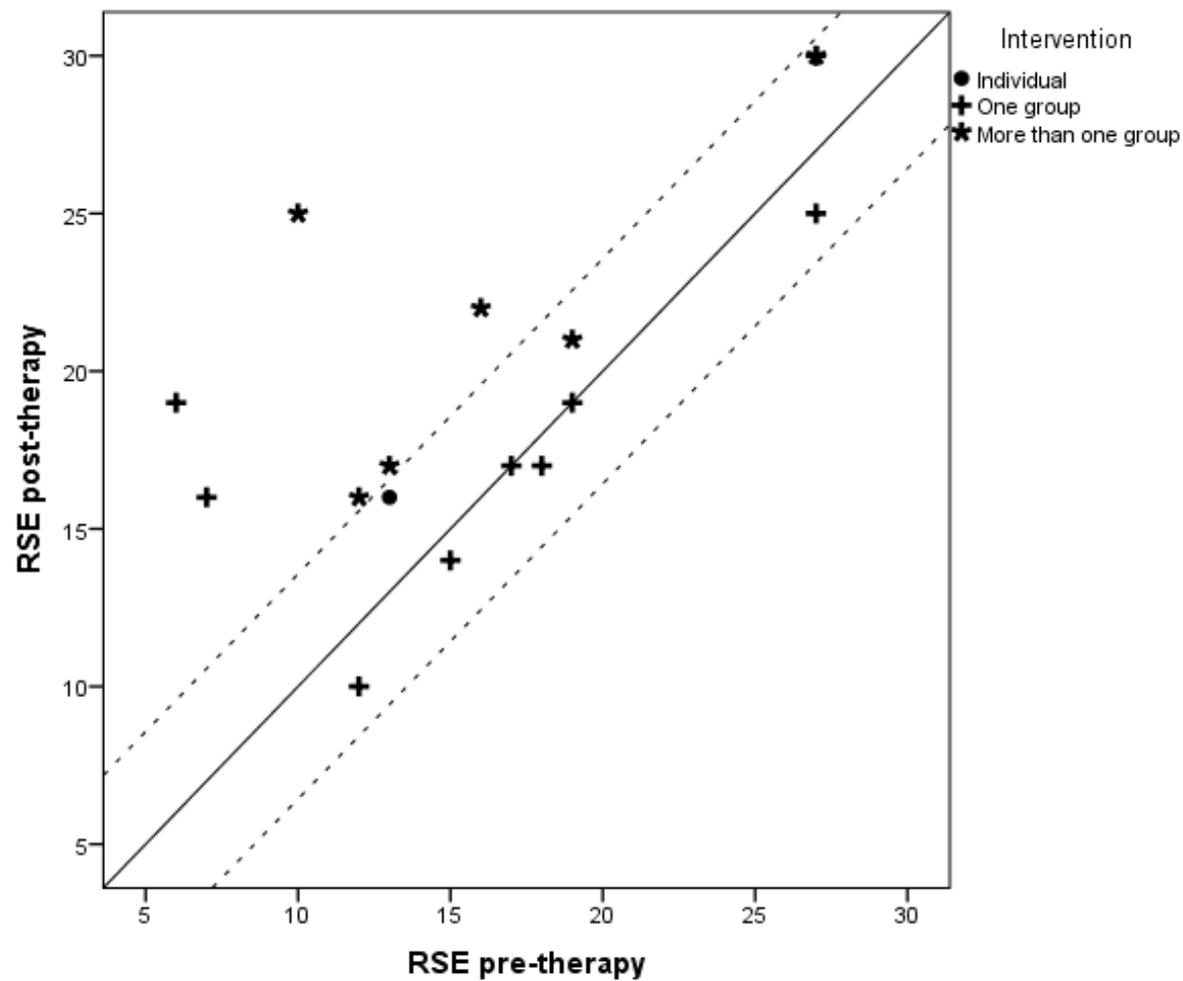
Dramatherapy

- “Drama” + “Therapy” = scary!
- Use of metaphor, physical objects, body, acting out
- Individual sessions then a group
- Staff and service users say they really like it! Is that enough?!
- ‘Manual’ of dramatherapy tools for this client group in development.
- Integrated nature of the work makes outcomes difficult to measure.
- Opportunities for **FREE** dramatherapy trainees via BADTH

- “When words don’t work”.
- Can be a first step to engaging with other therapies



Dramatherapy – Outcomes (in press)



Reflections / Questions

- How do we ensure space for great ideas that aren't (yet) supported by RCT evidence?
- Is it always wise to go for the evidence-based option first?
- Does the evidence base reflect the 'best' therapy, or the interests of researchers?
- How do we protect time for research / find keen bean researchers?!
- Is the 'p' meaningful? Should we take an experience-based approach?
- Should we prioritise formal therapy or integration of psychological thinking within the team?



References

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