

Supporting self-help at the Doncaster IAPT

The use of self-help approaches is central to the delivery of the Improving Access to Psychological Therapies (IAPT) service in Doncaster. Lead counsellor, **Kathleen Green**, and case manager, **Melanie Crewe**, outline how



The concept of Improving Access to Psychological Therapies (IAPT) was first introduced to the counsellors at the Doncaster Primary Care Trust (PCT) in early 2005. Initially it was mooted as involving a primary care mental health team, with the existing counsellors as part of that team.

A bid for funding from the Department of Health was successful, and Doncaster, along with Newham in East London, became a national demonstration site for IAPT.

Once funding had been secured, it began to emerge that the chosen theoretical approach for IAPT was to be cognitive behaviour therapy (CBT). This led to a lot of doubt, uncertainty, anxiety, and fears for the future among the PCT counsellors, mirroring what other counsellors were experiencing nationally¹. Two years on, the counsellors, who are trained in a person-centred, humanistic model, are integrated, valued and respected as a team within the IAPT service. As a group we were supported and reassured by Dawn White, the primary care mental health manager at Doncaster PCT and an integrative/eclectic counsellor, who enabled counselling provision to remain part of the psychological therapy services throughout the transition.

IAPT became operational in July 2006, at which stage the majority of referrals came from case managers, employed to deliver low-intensity

interventions as part of a stepped-care approach based on the National Institute for Health and Clinical Excellence (NICE) guideline for depression².

Before IAPT, there were three counselling services in Doncaster: an external independent provider serving the East and Central area of the city; Doncaster West counsellors, employed by the PCT, and Doncaster and South Humber Trust (DASH) counsellors, employed by the local community mental health teams (CMHTs).

Doncaster West counsellors are now fully integrated into IAPT. However, since IAPT and case management are Doncaster-wide, referral pathways were introduced to ensure that patients in the three service areas were allocated as smoothly as possible to the counselling service linked to their GP surgery. The referral allocations are managed by myself (Kathleen) as lead counsellor and coordinated from the central IAPT hub.

Supporting self-help

The use of self-help approaches is central to delivery of the IAPT service in Doncaster. Low-intensity interventions by case managers are predicated on the use of self-help materials. However, counsellors also use self-help materials independently, as well as supporting and working with those prescribed by case managers when clients are referred on for counselling. By speaking with colleagues, it is evident that our counsellors have used self-help materials for most of our professional lives.

In order to identify the extent to which counsellors at the Doncaster IAPT programme use self-help materials, I conducted a small-scale survey comprising a short questionnaire that was sent to the three main providers

of counselling, mentioned earlier. It consisted of six open-ended questions:

- 1 Do you use self-help materials?
- 2 If so, what do you use?
- 3 If you do not use self-help approaches, why not?
- 4 What are the advantages of using self-help materials?
- 5 What are the disadvantages?
- 6 Do you have any other comments about the use of self-help approaches by counsellors?

Of the 20 counsellors surveyed, 12 responded (60 per cent), all of whom said that they used self-help approaches. The most frequently used were books from the books on prescription scheme within IAPT, and various worksheets (figure 1): six out of 12 counsellors used both. The *Breaking free workbook*³ (which is outside the book prescription scheme) was popular for working with clients who had been abused as young people, in enabling them to understand how their past abuse/trauma impacted on their lives. Worksheets are used mainly for assessing stress levels, helping to build confidence and self-esteem, and working with bereavement issues. Handouts tend to be used to provide information, eg on anxiety management, relaxation techniques, understanding depression, and exploring relationship issues (eg to help clients gain a deeper understanding of their role in relationships and develop boundaries to protect themselves from inappropriate relationships). One counsellor had developed his own worksheet for working with clients on relationship issues, in the form of a wall with foundations and bricks to show how relationships can be built on firm foundations. The self-help

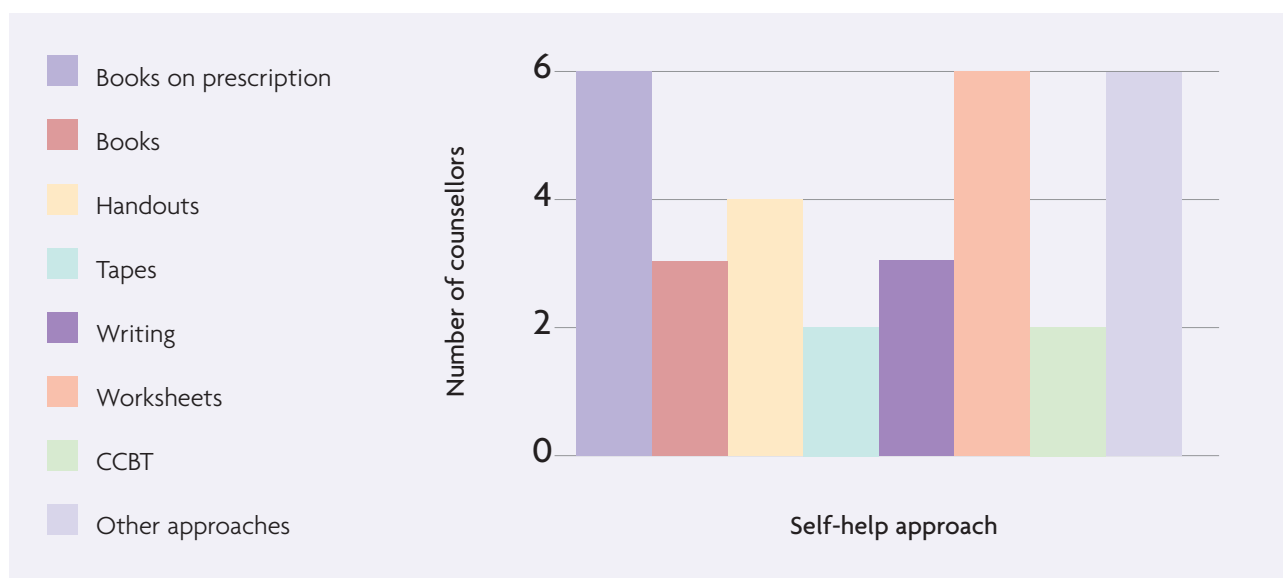


Figure 1. Examples of self-help approaches used by counsellors

materials used by counsellors tend to differ markedly from those used by case managers, which focus on anxiety, depression and phobias.

Internet-based programmes can be as helpful as face-to-face sessions for a varied array of client distress⁴. Thus counsellors at the Doncaster IAPT have the option to use computerised CBT (CCBT), including Beating the Blues for depression, and FearFighter for anxiety, and training in the use of these programmes has been provided on more than one occasion, with a recent update on supporting those working with CCBT. CCBT is offered with support, so clients can complete a programme within their own home, in their own time and at their own pace. For people who do not have access to computers at home, these interventions can be offered on a laptop in groups, or one-to-one with a case manager alongside counselling. Feedback from clients in response to CCBT has been positive; they have said things such as: 'This could have been written about me', 'I have been able to see where I need to develop', and 'I understood things better using either visual or written materials'.

The counsellors surveyed saw more advantages than disadvantages to using self-help material (table 1). The advantages included:

- Clients have time to absorb and make sense of what is happening, secure in the knowledge that their counsellor will provide a safe environment to

explore whatever issues arise.

- Books can provide more information than a counsellor can provide in a session.

- Writing can encourage a client to take responsibility, explore difficult issues, and express ideas and inspiration that may be difficult to verbalise⁴.

- Worksheets can help to normalise feelings, eg through anxiety management and relaxation.

- Tapes can help with relaxation and visualisation.

- CCBT interventions can be used to increase clients' self-awareness, empower them to draw on their own coping strategies and develop new ways of expressing difficult emotions.

- Clients who have prior experience of case management and self-help find it easier to step up to counselling as they are prepared for therapeutic engagement and have identified the

areas and/or issues they wish to look at in more depth².

Four respondents stated that they saw no disadvantages to using self-help materials with clients³. Some of the disadvantages highlighted by others were:

- Clients may have difficulties in working on their own, eg in dealing with issues that arise in between sessions.

- Lack of clear communication can be a problem, eg clients need to understand what they are being asked to do and why.

- Counsellors need to be careful not to be too directive as this restricts clients' ability to become self-aware and autonomous.

- Clients' negative experiences of school and homework (eg being pushed too hard by parents or teachers,

Advantages		Disadvantages	
Self-confidence/esteem	4	None	4
Reminder of session	4	Client unable to work alone	4
Empowerment	2	Not communicated effectively	2
Different ways of working	3	Takes over from therapeutic relationship	2
Aids progress	3	Too directive	2
Normalises feeling	2	Client's past experiences, eg at school	2
Creative	2	Orientation eg person centred	2
Time	1		

Table 1. Perceived advantages and disadvantages of counsellors employing self-help approaches (numbers out of 12 counsellors surveyed)

or having poor literacy skills) may impact on their ability to work with self-help materials.

- Self-help approaches may conflict with a counsellor's orientation (eg CBT worksheets will be unfamiliar to a counsellor who is purely person-centred).
- Choosing from the plethora of available materials eg worksheets, books, tapes and leaflets can be challenging.
- Clients may feel that they will be penalised in some way if they decide not to use self-help materials, eg fearing that they may be excluded from counselling, and this may interfere with the therapeutic relationship.

The challenges of using self-help materials as part of therapy include:

- Keeping up with the client as they work at their own pace and maybe move on in their self-awareness between counselling sessions.
- Being careful not to overwhelm

clients with too many materials as they may find it daunting and opt out of therapy.

- Integrating self-help within the therapeutic hour: it can feel that time in the session is too valuable for this and should be used to explore issues in depth.
- Making time to attend training, identify suitable material, prepare worksheets and handouts, and develop a toolkit (which may contain worksheets, books, questionnaires, and other materials, such as stones of various sizes and colours, which can be used to enable clients to see where they are in relationships in families, social networks or work teams).
- Understanding a client's frame of reference and how an intervention may help their awareness and processing.
- For clients, seeing their story in writing or images can have a negative impact.

The findings of the survey also highlighted that the timing of the

use of self-help materials along the therapeutic journey is a key consideration, and that training is important in how, when and why to use self-help. In Doncaster, counsellors attend an annual continuing professional development (CPD) day, and past days have included workshops exploring the use of photographs and writing in therapy. Self-help interventions are also shared between peers, and counsellors also learn from various books about using different tools in therapy⁴. Having more skills to offer benefits our clients and the service, not just in enabling more choice, but also in terms of cost and time-effectiveness and in complementing the work delivered by case managers.

As with all our work as counsellors, thought and consideration are given to whatever we use with our clients to facilitate exploration, and our ways of working are discussed in supervision to ensure that we adhere to ethical guidelines that protect the

Case management in supporting self-help

Low-intensity interventions by case managers at the Doncaster IAPT service are all about enabling people to use self-help materials effectively, writes **Melanie Crewe**

Case managers at the Doncaster IAPT service use a range of designated self-help materials that they are trained to deliver. These include the computerised cognitive behaviour therapy (CCBT) programmes, Beating the Blues and Fearfighter, and books and leaflets including: *A recovery programme for depression*¹, worksheets from *Overcoming anxiety, a Five Areas approach*², the Northumberland, Tyne and Wear NHS self-help leaflets³, and a number of CBT-based books from the Doncaster books on prescription service.

Case managers are recruited with transferable skills, for example they may have completed an introduction to counselling course, or have a degree in psychology or relevant work experience as a community psychiatric nurse (CPN), social worker, or occupational

therapist. Post-recruitment training involves a one-year, one day a week local university course in low-intensity CBT, which includes intermittent competency assessments and exams. This can count towards a degree or a postgraduate certificate in primary care mental health, depending on the student's existing qualifications.

The course comprises training in the principles of CBT upon which the self-help materials are based; risk assessment; how to conduct a holistic CBT-based patient assessment; information gathering and giving; use of nationally approved measures (ie PHQ 9, GAD 7 and CORE), and how to work effectively with patients over the telephone. Role play is used as a training tool, and video technology for assessment purposes. Time is spent in training getting to know the content of the self-help materials and

developing one's clinical judgment in determining with a patient the most suitable self-help materials for them to work on – the decision being taken jointly by the patient and their case manager at the end of an assessment. When there is co-morbidity, clinical judgment involves both the use of questionnaires that categorise anxiety and depression according to severity, and encouraging the patient to prioritise their problems. Self-help materials can then be selected according to their relevance to the person and what they are feeling.

Case managers need to develop the necessary skills to teach patients to create their own goals and action plans around the self-help materials, so that they can support patients to work in a goal-directed way. Interpersonal skills are also necessary for the formation of a positive

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safety of those we work with. These guidelines also apply to case managers and cognitive behavioural therapists.

Although the survey covered a small sample of counsellors, all those taking part said that they used self-help materials as part of the therapy they offered clients. Self-help with support

enables clients working at depth to take some control over their experience on an emotional level, and complements the delivery of psychological therapies whether via case-management, counselling or CBT. Common principles across all disciplines within the Doncaster IAPT service include the professional way that therapy is offered, the therapeutic alliance, and support given at the right step/stage and the right time for clients. Counsellors, case managers and cognitive behavioural therapists work collaboratively to ensure that those referred for psychological therapies are given a choice at the right level and depth of therapy. Clients are happy with the range of choices available within the IAPT service, and high satisfaction rates are consistently reported on patient satisfaction questionnaires. Two years on, counsellors are very much part of psychological services in Doncaster, and enjoy contributing a high quality service for the people of Doncaster. ■

Kathleen Green has worked as an NHS counsellor since 1996 both in community mental health teams and in primary care. She has been lead counsellor with the Doncaster IAPT programme for four years, and has worked closely with IAPT since 2006.

Melanie Crewe recently completed a MSc in Primary Care Mental Health at the University of York. She has two and a half years' clinical experience as a case manager, having previously worked in mental health within the voluntary sector.

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therapeutic relationship and to motivate, encourage and support patients throughout their treatment.

All case managers receive weekly supervision from a qualified CBT therapist/senior practitioner. During assessment and subsequent patient contact, case managers may discover that patients are being held back as a result of specific life issues that would benefit from counselling, for example grief or abuse, or patients may decide themselves that they would prefer a counselling approach to a CBT-based approach. Patients may also sometimes find that despite making considerable effort, more intensive CBT is required. In such instances, case managers can refer the person for counselling or high-intensity face-to-face CBT respectively, and such referrals are discussed in supervision. If counselling is the chosen approach, the process of case management ceases for the course of the counselling. Patient choice is also important in deciding the most relevant medium of self-help to adopt (ie whether written materials or CCBT).

Challenges for case managers include creating a good therapeutic relationship with patients and developing sound clinical judgment. Patients who respond best to self-help materials tend to be determined, well-motivated, and have a degree of self-efficacy, believing that they are capable of managing their problems using self-help techniques with the support of a case manager.

The benefits of self-help approaches include the opportunity for patients to learn the CBT principles of self-management and obtain telephone support in a convenient manner. Patients can work through the self-help materials in their own time between appointments, and can discuss and refer to their work over the telephone, which is empowering in itself. Another benefit of self-help is the fact that patients can retain the information given and return to it in case of relapse. People with literacy problems may need more intensive one-to-one support in understanding their condition and setting goals and targets. However,

for the majority of patients, self-help as a less intrusive form of therapy brings about substantial clinical improvement, and those patients requiring more intensive forms of treatment can obtain this in a timely fashion.

In conclusion, case management is about educating patients and encouraging them to become more autonomous in terms of self-motivation and challenging their own thinking. Self-help materials are necessary as support tools for the patient in order to bring this process about, but the therapeutic relationship is also a vital component of the process. ■

References

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