

# Centre for Psychological Services Research Newsletter



May 2009



Deadline for the next issue: September 11th 2009. Email contributions to Abby Constantine ([a.constantine@sheffield.ac.uk](mailto:a.constantine@sheffield.ac.uk))

## CPSR Seminars

These three seminars will be held at ScHARR. Seminars are also held at CPU. You will be emailed further details.

### 5th May 2009

Mike Lucock: Randomised controlled trial of guided self-help in anxiety & depression.

### 19th May 2009

Chris Leach: Developments in psychotherapy case tracking methods.

### 2nd June 2009

Stirling Moorey: Depression in adverse circumstances

Get these dates into your diary NOW!

## Inside this issue:

Kate Doran's RTP Denmark trip	2
CPSR Time Outs	2
Savoy Conference report	3
Headlines from last Advisory Board	3
News of members	4
Recent publications	6

## Understanding and preventing Adverse Effects of Psychological Therapies (AdePT)

Although group comparisons show therapy is effective, between 5-8% of people deteriorate during or after psychological therapy. In pharmacology, it has long been accepted that all effective medication has some toxicity and risk, but in the field of psychological therapies there is a widespread misapprehension that these treatments are at worst, harmless. The potential of psychological therapies to harm people is a topic notably absent from professional manuals, textbooks and research trials, which do not typically report on adverse effects or deterioration rates. In contrast, many user-led resources (internet sites, books) report this phenomenon.

A CPSR group has been awarded a £250k grant by the Research for Patient Benefit programme to study this. Glenys Parry is the Principal Investigator.

The proposed research plans to conduct a systematic review of what is currently known about the potential adverse effects of psychological therapies and what can be done to minimise harm. Joe Curran is leading on this.

We then intend to get a better estimation of potential for harm, through meta-analysis of primary data on deterioration rates in routine practice and in randomised controlled trials with Dave Saxon & Michael Barkham leading.

A third aim is to understand the experience of service users and therapists who have experienced failed therapies, through a new mixed-method investigation exploring what they would have found helpful in preventing the adverse outcome. Eleni Chambers is working with Caroline Dryden on this.

Finally, based on all these sources of evidence, we plan to develop and test support tools for service users, therapists and service managers. Rachel O'Hara is involved with this and other aspects of the project.

Further details of the project are available from [g.d.parry@sheffield.ac.uk](mailto:g.d.parry@sheffield.ac.uk)



Glenys Parry

## IAPT and Principles of Islamic Well-being

Glenys Parry, Simon Houghton and Dave Saxon are evaluating an innovative training programme as part of the IAPT implementation in Leeds and Bradford. Imams and other leaders of Muslim Pakistani communities in

these cities are receiving training in working with mental health problems in ways consistent with Islamic principles of well-being. This in turn is predicted to create new access to psychological therapies for people with depression

and anxiety in these faith communities.

The evaluation is funded as a consultancy project by Yorkshire & Humber Improvement Partnership and started in March 2009.

## Kate Doran reports on her RTP trip to Denmark

My PhD research is a qualitative investigation, looking at service users' expectations and experiences in using 'Beating the Blues' (a computerised Cognitive Behavioural Therapy intervention, recommended by NICE as a treatment option for people with mild to moderate depression). When I came across an advert for a two-day course on 'Evidence, Effect and Qualitative Research' at the University of Aarhus, free to PhD students, I was keen to apply. Professor Julianne Cheek holds chairs in both the School of Health Sciences at the University of South Australia and the Institute of Nursing and Health Sciences at the University of Oslo and was a keynote speaker.



Julianne Cheek

The course did not disappoint. Professor Cheek was uncompromising in her critique of the effect on health services researchers of the movement to create evidence-based healthcare. She spoke of the need to concern oneself with 'how to think about' as much as 'how to do' qualitative research. Much of her keynote speech focused on a detailed Foucauldian analysis of the issues in providing evidence of impact and quality of research(ers). She underscored the need to 'avoid bad short answers to complex problems and issues' while highlighting the ways in which she thought researchers may be rewarded in the short-term for providing these. This was a rather sobering backdrop to the end-of-day consultation on individual projects, of which mine was one of two selected for discussion!

Each consulting student presented their work in turn which led to questions and reflections from other students. Having just recently upgraded my candidature, I was in a good position

to speak about my overall research approach, and my specific concerns and challenges as I embark on data collection. I was also keen to learn from others' perceptions of what I think I'm doing. I received some useful comments and suggestions for where I might go next.

The following day, Professor Peter Dahler-Larsen of the Department of Political Science and Public Management, University of Southern Denmark Southern Denmark, provided a clear, upbeat exposition of his view of the importance of positioning in qualitative research. He delineated the importance of positioning qualitative research in relation to seven discussions, namely: positivism; science; criticality; evidence; cause and effect; quality; and use. He suggested a possible pluralism of approach on each of these dimensions and emphasised the importance of context in thinking about 'how to do' qualitative research. The sense of hope which developed during his presentation was palpable.

I'd heartily recommend a trip to Aarhus. If anyone would like to borrow a guidebook, just let me know!

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***“Avoid bad short answers to complex problems”***

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## CPSR time-outs: a great way to get involved

CPSR has been organizing a series of time-outs for members to meet each other, in a relaxing and informal environment. The time-outs generate energy, ideas for new research collaborations and a shared sense of purpose. It's a chance to learn about the range of fascinating work being undertaken in CPSR and find out about opportunities to work in Psychological Services Research.

The first two of the series were held in September 2008 and March 2009 when members from different parts of SchARR and the Department of Psychology met.

Prof Michael Barkham welcomed members and Kim Dent-Brown got everyone moving with some fun (non-threatening) warm-up exercises.

Everyone had chance to explore what they wanted from CPSR and we shared our research ideas, plans and aspirations. The events were successful and there will be another one later this year to give NHS Affiliates a chance to come, plus others who couldn't make it this time, or want to come again — not just for the free lunch!



Michael Barkham

## Savoy Conference 2008: Rebecca Hutten reports

I was pleased to attend this conference to immerse myself in current awareness and debate on the state of psychological therapies in the NHS. I also wanted to put names to faces and to get stimulation and ideas for my PhD research.

The conference was largely about the 'Improving Access to Psychological Therapies' programme (IAPT) and is the second conference of 'the new Savoy Partnership' a partnership of professional bodies brought together in 2007 to harness support for (and contain antagonism towards) the IAPT programme itself. During the conference there was an official response to the 'New Savoy Declaration' made at last year's conference - a 'Statement of Intent' issued by the Department of Health. (This, and all the presentations are available:

<http://www.healthcare-events.co.uk/presentations/downloads>)

The conference had a strong self-congratulatory feel on the first day and at times it felt like a prayer meeting for thanking and praising Lord Layard, and the other politicians who made it all possible. I found it interesting that Lord Layard himself acknowledged so publicly that quality had been sacrificed in the stampede to implement quickly, and that quality now needed to be the main focus of the IAPT programme. Other aspects of his talk (e.g. 60:40 split, high: low intensity provision) I found hard to recognise from what I know of the Doncaster and Newham experience. Other sessions on the first day included one on the



Alan Johnson, Secretary of State for Health, with a DH Statement of intent

new psychotherapy workforce which I found informative, and surprised me with the apparent openness to recruiting and training people from non-traditional backgrounds, including older people. (In case I get tempted!). Then I attended 'the how and why of building world class psychological therapy services', a symposium on 'can we count what counts for the user?' and a closing debate on 'is it the treatment or the therapist that works?' The audience voted for Bruce Wampold's argument, that it is the therapist, and although we are still trying to find out what aspects we know that pruning poor therapists is more effective than specifying treatment type. The second day began with a keynote address from Simon Gilbody on 'how can clinical guidelines be credible and useful?' This session was the best of the conference - and I particularly enjoyed Glenys's discussion paper which covered the politics and practice of implementing NICE guidelines. I attended a panel discussion on squaring the circle of patient choice, then there was a symposium on how to design patient-centred care pathways. I liked Pete Bower's presentation on the dilemmas of stepped care - the fast, cheap, good (pick any two but not all three!) conundrum. The final plenary address was David Clark looking forward to 2010. This was a lot more interesting and less ideological than I anticipated. He appeared to have softened his line somewhat from the early days of IAPT campaigning, and to acknowledge the need for eclecticism and diversity in the programme. Overall, this was an enjoyable and stimulating conference.

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*"... at times it felt like a prayer meeting for thanking and praising Lord Layard"*

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## CPSR Advisory Board headlines

CPSR has an Advisory Board which meets twice a year. It is chaired by Graham Turpin and members include Ron Akehurst, Dick Eiser, Jon Nicholl, Pam Enderby and Bridget Strong. At the last meeting in January 2009 the Board conducted the following business:



Board Chair  
Graham Turpin

- Agreed its terms of reference.
- Received a progress report.
- Discussed IT and data security policy.
- Agreed a patient & public involvement policy.
- Discussed financial management issues.

Full minutes are available from Abby Constantine,  
a.constantine@sheffield.ac.uk



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Centre for  
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**News of Associates**

Congratulations to **John Brazier** on being awarded Senior Investigator status in NIHR.

Congratulations to **Rachel O'Hara** on the birth of her daughter Niamh on 23rd October 2008

**Steve Kellett** has taken up his post as IAPT Training Programme Director, Department of Psychology.

**John Brazier** & other CPSR Associates were awarded a grant of £222k from the MRC for his project "Validating generic preference-based measures of health in mental health populations and estimating mapping functions for widely used specific measures"

**Dave Saxon** was awarded a World Universities Network travel grant, to study hierarchical linear modeling in psychological therapy research at the University of Wisconsin at Madison .

**Caroline Dryden** will be moving to the School of Nursing & Midwifery n 1st September 2009, our first associate from this School!

**Chris Blackmore** & other CPSR Associates recently submitted their report on "A systematic review of group analysis and analytic/dynamic group psychotherapy" to the Institute of Group Analysis.

Check out our website  
Sheffield.ac.uk/cpsr

**Trials and Tribulations: towards better design and practice in psychological therapy trials.**

Glenys Parry and Michael Barkham gave a well-attended workshop at the Social Science & Medicine joint conference with ScHARR Clinical Trials Research Unit on 7th April 2009, organised by Cindy Cooper, ably assisted by Karen Beck. The workshop was designed to enable participants to understand current challenges in designing and conducting randomised controlled trials of psychological treatments. The aim was to help us move towards a class of better designed studies for underpinning the evidence-base for psychological interventions.



**Dr Cindy Cooper**

The workshop covered the following topics, using practical examples and drawing on the experience of participants:

- Protecting trials from threats to internal and external validity: an inevitable tension, but can we get the best of both worlds?
- Not necessarily what it says on the tin: therapy delivery, treatment fidelity and therapist competence.
- Equipoise vs. allegiance: reviewing the evidence for the impact of investigators' therapeutic allegiance on trial results and ways to address this.
- Effective practitioners: Understanding and analysing therapist effects. What are the implications for trial design?
- Measuring psychological outcomes: global or specific, reactive or robust, patient-reported or observer-rated?
- Patient preference and bias from differential attrition: why ITT analysis doesn't solve the problem.
- On learning from the patient: involving service users in psychological treatment outcome research and the value of qualitative methods within trial designs.