

Therapist self-appraisal and use of CBT for treating anxiety disorders

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The Anxiety Problem

- Among the highest prevalence rates:
 - Specific Phobia: ~ 6%
 - Social Phobia: ~ 7%
 - PTSD: 3.5-8.7%

The Anxiety Problem

- Total number of people diagnosed with an anxiety disorder in England...
 - 2.28 million people in 2007
 - 2.56 million people by 2026

The Cost of Anxiety

- **£8.94 billion a year (in 2007)**
 - £1.24 billion for services
 - £7.7 billion in lost earnings
 - £3903.51 per person
- **£14.19 billion a year (in 2026)**
 - £2.04 billion for services
 - £12.15 billion in lost earnings
 - £5542.97 per person

Therapist Drift

- The most efficacious treatment for anxiety disorders is CBT
- Therapists can engage in therapy-interfering behaviour
- Therapist Drift
 - Is a deviation from therapeutic protocols
 - Occurs in vacuum without empirical support

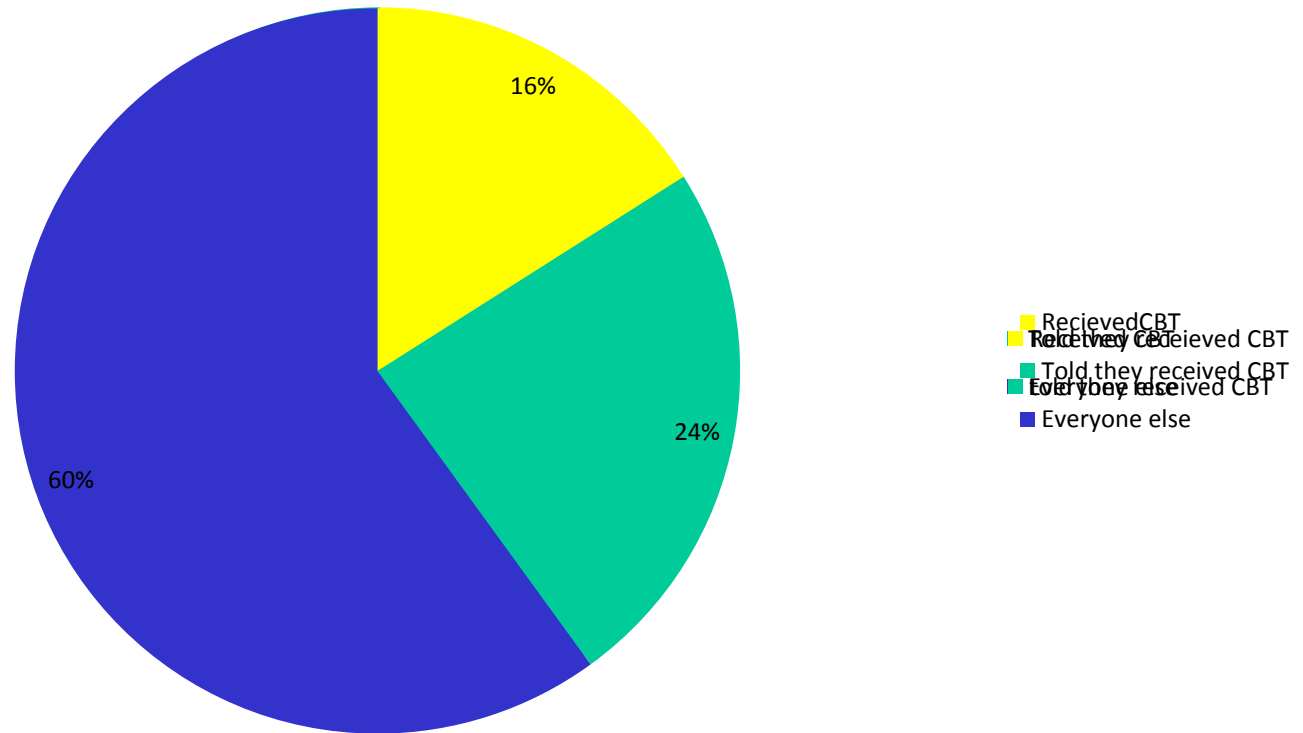
Therapist Drift

- Effects on the client
 - No improvement (potential deterioration)
 - Self-blame
 - Learned helplessness
 - Distrust of CBT
- Effects on the clinician
 - Leads to more drift
 - Skills do not improve

Therapist Drift

- Potential causes:
 - Ignorance
 - Clinicians' cognitions
 - Self-assessment bias
 - Clinicians' emotions
 - Clinicians' safety seeking behaviours
 - Anxiety
 - Self-esteem

Evidence of Drift



Aims

- To assess...
 - ... if CBT is being adequately provided for anxiety disorders
 - ... associations between clinician anxiety and techniques clinicians use
 - ... associations between clinician self-esteem and techniques clinicians use

Methods

- Inclusion Criteria:
 - Clinician
 - CBT
 - Treating anxiety
- Recruited from...
 - ... BPS
 - ... BABCP
 - ... Workshops

Methods

- Measures used
 - Therapy Methods Questionnaire
 - Intolerance of Uncertainty Scale (IUS-12)
 - Rosenberg Self-Esteem Scale (RSES)
 - Self-report on clinical skills and outcomes

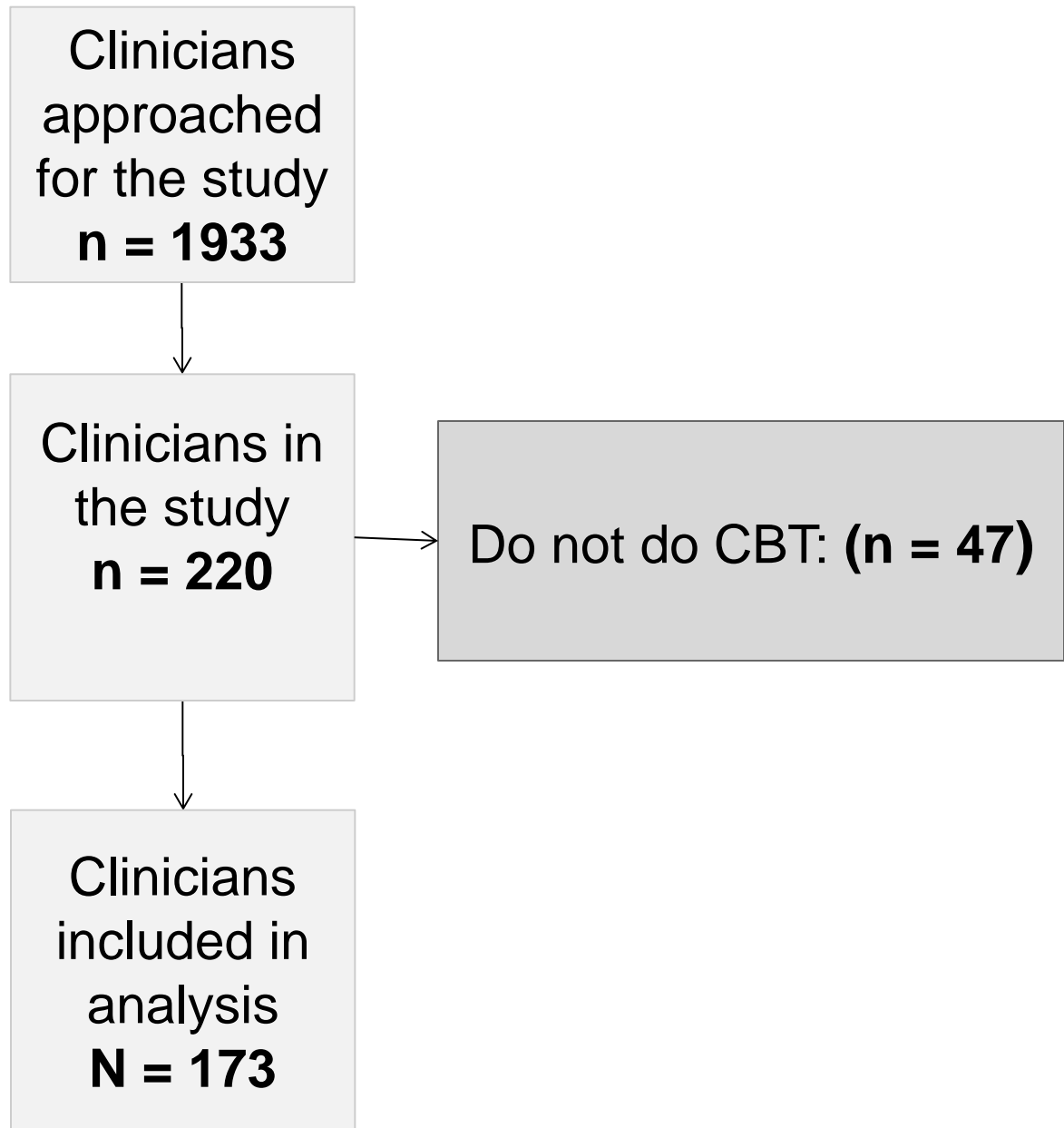
Standards of Delivery

- 3 Groups (Textbook delivery of CBT, CBT-Lite, CBT Absent)
- Clinical variables considered for group allocation
 - Session length must be at least 45 minutes
 - Homework and Agenda setting
 - At least use one method to diagram or explain the problem (e.g., diagramming links between thoughts, feelings, and behaviours)
 - Psychoeducation (e.g., giving reading)
 - Skill development (e.g., helping clients develop skills to cope with anxiety)
 - One cognitive method (e.g., cognitive restructuring)
 - One behavioural method (e.g., *in vivo* exposure)

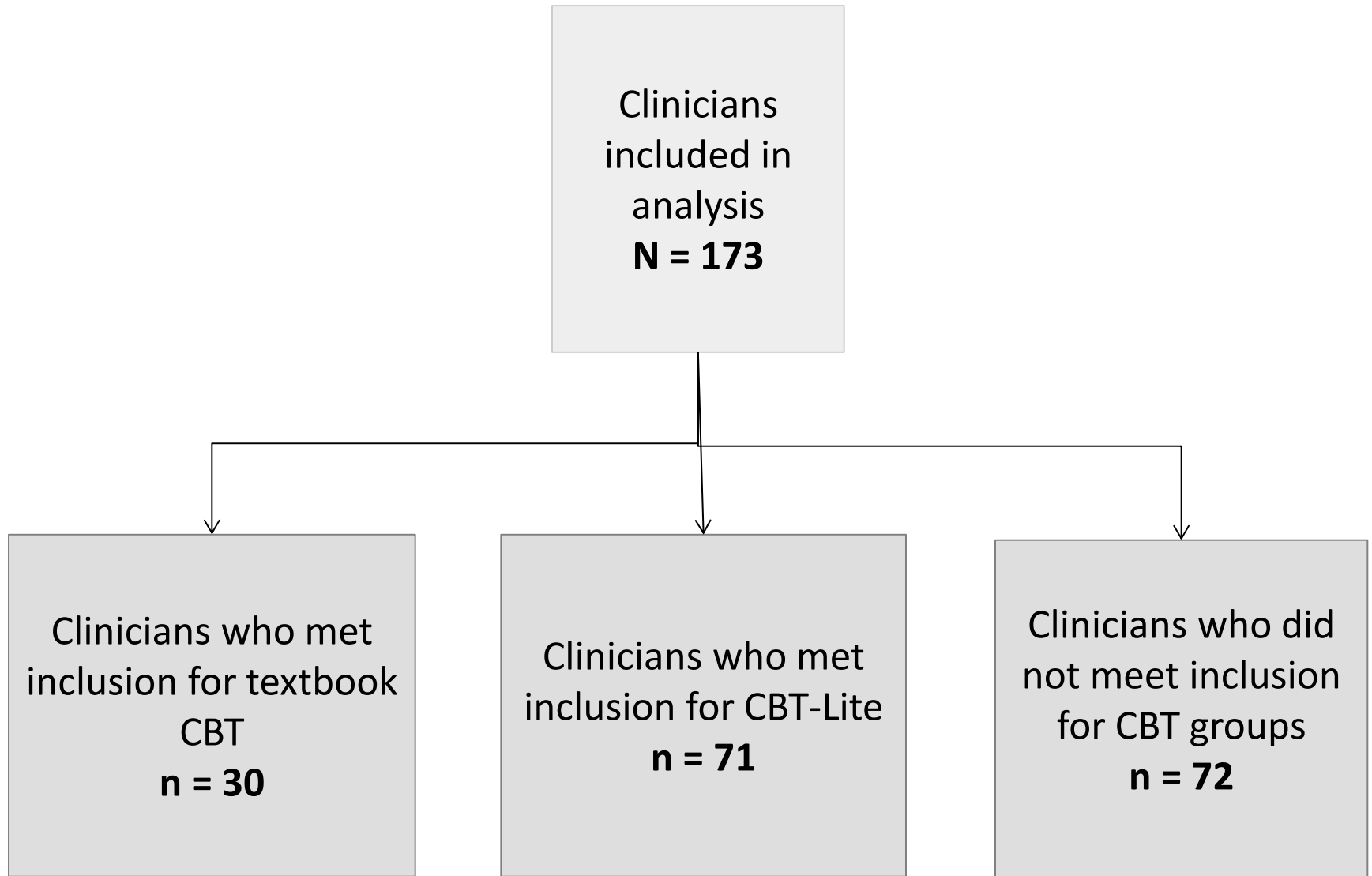
Standards of Delivery

- Causes for being added to CBT Absent
 - Focusing on unrelated previous experiences for 25% of sessions
 - Letting the client talk about whatever they want while the clinician remains silent for 25% of sessions
 - Use of unevidenced psychodynamic techniques instead of CBT for 50% or more of sessions
 - Focusing on non-anxiety issues (e.g., relationship problems) for 50% or more of sessions

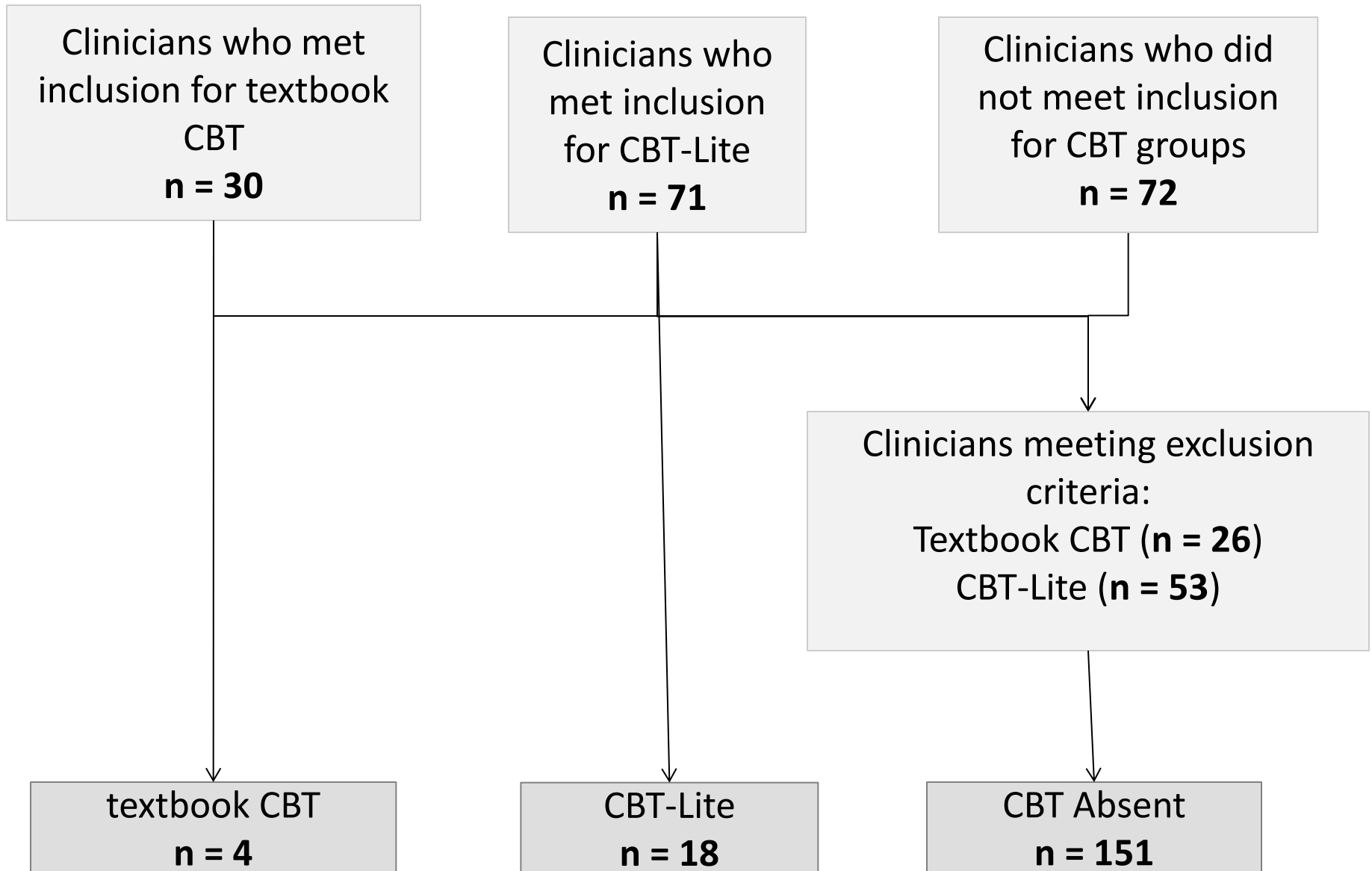
Clinician flowchart



Clinicians meeting group inclusion



Clinicians meeting group exclusion



Anxiety and Techniques Used

- Clinicians with higher levels of anxiety reported less frequent use of...
 - ... exposure methods (i.e., imaginal, homework, *in vivo* outside the office)
 - ... cognitive methods (i.e., looking at the meaning attached to thoughts)
 - ... unevidenced methods

Self-Esteem and Techniques Used

- Clinicians with higher levels of self-esteem also reported more frequent use of...
 - ... *in vivo* exposure outside the office
 - ... teaching relaxation skills
 - ... role-playing

Discussion

- Clinicians report doing CBT but many do not meet criteria for adequate delivery
- Inadequate delivery of CBT may be due to internal states (e.g., personality).

Clinical Implications

- Evidence of drift
 - Therapists are not using key CBT techniques for anxiety disorders
 - Therapists are adding in unevidenced techniques

Clinical Implications

- Relationship between personality features and techniques used
 - Anxious clinicians are less likely to use behavioural techniques
 - Anxious clinicians are less likely to use certain cognitive techniques
 - Anxious clinicians tend to avoid unevidenced methods
 - Clinicians with high self-esteem are more likely to use certain behavioural techniques

Conclusion

- Future directions
 - A client-clinician paired study
 - Examine the biases towards exposure
 - More effectiveness studies

Conclusion

- What can be done now to reduce drift?
 - Monitor outcomes
 - Tracking client progression
 - Changes to supervision

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