

Making a broad-spectrum therapeutic response accessible and available to the community

Oxford Psychotherapy Society - November 2015

© Justin Smith & Michael Soth 2015

From IAPT to IAaIPT

Improving Access to

ALL

Psychological Therapies

From IAPT to IAaIPT

From: Improving Access to Psychological Therapies

To: Improving Access to ALL Psychological Therapies

**If all the clients and potential clients,
with mental health/ wellbeing needs
in Oxfordshire got together,
what might they ask us?**

From IAPT to IAallPT

“How are you - as the psychological therapies - going to get together to ...

- make it as easy as possible for us to choose a therapy/therapist,**
- give us a comprehensive overview of what the available options and choices are, and**
- help us figure out the best choices for us?**

How are you going to provide a comprehensive range of therapy approaches and formats, offering accessibility, affordability and transparency?”

Introductions - Who are we ?

Justin Smith & Michael Soth

- both running referral services in Oxfordshire for many years**
- shared desire for improving access to psychological therapies**

Introductions - Our Aims

not enough referral routes:

- **broad-spectrum integration of approaches, modalities and formats**

quality referrals:

- **matching clients with therapists**
- **more contact with therapists/services we want to refer to**

manifest the potential of the psychological therapies more fully

Introductions - Our Aims

For the sake of clients:

- **prioritising clients' needs (over professional investments, organisations and traditions)**
- **maximising patient choice and accessibility**
- **informed and empowered clients = support development of emotional and relational intelligence in the community**
- **clients' needs evolve: facilitating clients' journey through diverse services (including prevention/resilience)**

Introductions - Our Aims

For the sake of therapists/organisations:

- **appropriate referrals (manageable, developmental, matching client needs)**
- **continuing development from trainees through to experienced practitioners (apprentice model)**
- **continuing learning and expansion into broad-spectrum understanding and practice**
- **learning through cross-fertilisation between disciplines**
- **community of practitioners - support & challenge**
- **supporting the 'Impossible Profession'**

Introductions - Our Aims

IAaIPT

for the people

(and for therapists, too!)

Introductions

OTS

**Oxfordshire Therapy
& Self Development**

www.otscentre.co.uk

OTS - www.otscentre.co.uk

Oxfordshire Therapy & Self Development

multi-modal, broad-spectrum, integrative, pluralistic
aiming at inter-disciplinary integration/networking
(multi-disciplinary case conferences = containment)

psycho-education - (talks, seminars & workshops)

therapy groups - (integrative, systemic psycho-social perspective)

evaluation (incl. qualitative, contextual & relational)

low-cost placement (clients and trainees)

developmental community for therapists (CPD)

co-operative structure/governance (shared profit)

We want your help to ... IAallPT

**make client needs & patient choice
paramount**

refer widely, appropriately and successfully

**associate with and network with other
services, groups**

channel work your way (if you want it)

**raise public understanding of therapy
(emotional competence = informed customers)**

In order to IAallPT.....

We need to:

- be able to assess & refer clients well**
- understand and develop and broaden the spectrum of therapeutic responses (type, format, modality and cost)**
- think about the gaps and deficiencies in current provision**

The available spectrum of therapeutic responses

- a rich diversity of therapies, services and opportunities actually DOES exist
- however: it exists in fragmented 'silos'
 - largely oblivious of each other, no inter-communication, without cooperation, in (hidden) competition
- these 'silos' operate in terms of:
 - social context, therapeutic disciplines and approaches
- the result for the client/patient is:
 - the rich diversity is NOT actually available and accessible

The available spectrum of therapeutic responses is fragmented in terms of:

- **social-organisational context:**
 - **NHS services**
 - **voluntary sector / charities**
 - **corporate / EAP / wellbeing**
 - **private counselling/therapy sector**
 - **complementary therapies**

The available spectrum of therapeutic responses is fragmented in terms of:

diverse disciplines:

- psychiatry (pharmacology)**
- self-help**
- psycho-education**
- coaching**
- clinical & counselling psychology**
- psycho-social psychiatry**
- counselling (many approaches)**
- psychotherapy (many approaches)**
- psychoanalysis**

The available spectrum of therapeutic responses

is fragmented in terms of:

many diverse therapeutic approaches:

- pharmacology**
- psychoanalysis (many schools and branches)**
- behavioural (CBT to DBT, ACT etc)**
- humanistic (many approaches) & existential**
- systemic / family therapy**
- constructivist (several categories of approach)**
- complementary & holistic therapies, healing, mindfulness etc**

**As long as the available spectrum of
therapeutic responses
is fragmented (in terms of social-
organisational context, professional
disciplines and therapeutic
approaches), from the client's/
patient's point of view
informed choice and accessibility
DO NOT ACTUALLY EXIST.**

The available spectrum of therapeutic responses

many diverse therapy formats:

- short- and long-term**
- individual**
- couples**
- children**
- families**
- therapy groups (symptom-focussed, generic)**
- personal development workshops / events**

How can we create a multi-disciplinary, multi-modality community of practitioners that provides clients/patients with a one-stop access point to make informed choice and accessibility a reality for the general public?

The available spectrum of therapeutic responses

What is currently missing? - where are all the ...

- educational talks
- personal development workshops
- focussed groups on anger management, eating disorders, stress management, addictions, etc ?

The available spectrum of therapeutic responses

**And if these therapeutic responses do exist in
the region, how do we (as referrers)**

or the public

know whether they are any good?

The available spectrum of therapeutic responses

Personally, we don't need more work. This talk is not aimed at generating more work for us, but primarily to hand work over.

But we do want to have a network that we are confident in.

Gaps & deficiencies in current provision

we (probably all) have our own limited networks

national professional organisations (BACP, UKCP, BPS, etc), but no coherent manifestation of their aims

IAPT isn't doing it (limited range of approaches)

different disciplines & organisations: don't hang together; it is haphazard where a client ends up

Gaps & deficiencies in current provision

we do know there are some organisations, workshops, groups and agencies out there

however, we don't talk to each other (little interdisciplinary and cross-modality exchange and communication)

there is no one-stop access point and assessment/referral procedure (to help both clients and therapists in the matching process)

What Do We Do?

we want to know more comprehensively “Who Is Out There?”

so many things we could be doing as a body of professionals (part of our aims at OTS is to offer more in the way of educational talks, workshops and cost-effective groups)

regional organisation & economies of scale (to provide diversity and comprehensive range of options and therapy approaches & formats)

Regional organisations & economies of scale

Achieve more together....

- annual psycho-educational newsletter delivered to every home?**
- more talks, more groups and more workshops to refer to ... with confidence!**
- psycho-education for couples, newly-weds, business leaders, therapeutic supervision in organisations, parenting preparation ...**

Regional organisations & economies of scale

Achieve more together....

- inter-services, interdisciplinary and cross-modality co-operation**
- exchange between NHS/GPs - voluntary/charity - corporate - private**
- media, politicians, funding structures, etc**

Regional organisations & economies of scale

Achieve more together....

- OTS could expand to include other group leaders, therapists, workshop leaders, organisations etc**
- or OTS could network and associate with other organisations and services**
- there might be enough interest to develop a regional body**

Group Discussion:

1. How and where do you refer?

Where or to whom would you refer ...

your mother / your sibling / a good friend?

» Would you feel confident?

» What referral options do you think of and have available to you?

» How do you decide between them?

2. How can we do a 'better job' for the community of clients?