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Improving Access to Psychological Therapies



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Improving Access to Psychological  
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Produced by the National IAPT Programme, with thanks  
to those who have contributed to this document.

[iapt@dh.gsi.gov.uk](mailto:iapt@dh.gsi.gov.uk)  
[www.iapt.nhs.uk](http://www.iapt.nhs.uk)

# WHICH talking therapy for depression?



A guide to understanding the different psychological  
therapies you may be offered to treat your depression



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# Introduction

## Depression

Depression can affect people in lots of different ways. Typical symptoms are: loss of interest and enjoyment in ordinary things; feeling tired, tearful and irritable; wanting to be alone; loss of interest in sex; not being able to sleep; loss of appetite; not being able to concentrate or cope with everyday life.

These symptoms often come with feelings of guilt, worthlessness and low self-esteem, along with loss of confidence and feelings of helplessness. It is estimated that at any one time about 2.3% of adults in the U.K. suffer from depression and 9.0% suffer from a mixture of anxiety and depression.

## Choosing talking therapies

If you have depression or are worried you might have, you need good information to make the right choice about different kinds of help. This booklet tells you about the range of evidence-based talking therapies that are approved by the National Institute for Health and Clinical Excellence (NICE) for treating adults with depression. It aims to give you the information you need, help you ask the right questions and decide which therapy suits you.

These therapies have been shown to be at least as effective in treating depression as flu vaccines are in preventing flu, betablockers in treating high blood pressure or surgery in removing cataracts - and they can be safer and more effective in the long term than prescribed drugs. So you can choose these therapies with confidence.



Not all therapies are effective for everyone as some people suit some approaches better than others and some approaches can be better at helping at certain times than other times. For example, some people with moderate to severe depression may need a combination of therapy (usually CBT) and medication. So finding which approach works best for you is important. This booklet helps by telling you about the different options. Your GP and therapist will also help by discussing with you your personal circumstances, helping you decide and checking your progress.

These talking therapies are free on the NHS and are likely to help you whatever your income or social status, if you are old or young, heterosexual, gay or lesbian, black or white or from an ethnic minority community and whatever your religion or values, so long as you are willing to give them a try. For many, taking their first step to get help is the start of a rewarding journey.

The Improving Access to Psychological Therapies programme is helping the NHS make these services available across England in line with NICE guidance. All five therapies in this booklet are recommended by NICE for treating mild to moderate depression in adults.

CBT and Interpersonal Therapy are also recommended for treating moderate to severe depression. The exact choice of therapy will depend on how severe the depression is and other clinical considerations. For people with anxiety disorders, NICE only recommends CBT.

## Confidentiality and a safe space to talk

Depression is very common with one in five adults being affected at some time in their life. Talking therapies involve talking and listening, sometimes about very private and emotionally distressing issues. Therapists are trained to listen attentively and sensitively and to respect your feelings, without judging you so you can start to find your own answers.

Some therapists will aim to explore how your problems in relationships contribute to feelings of depression and help you deal with this; some will help you change your behaviour or negative thoughts, while others simply aim to support you and help you start to feel better about yourself.

Whichever approach you are working with, you need to feel able to trust your therapist and feel confident in the way they are helping you. For example, your therapist will only share basic information about what kind of help you are being offered after asking for your consent.

They will only share this with your GP and other NHS professionals involved in your care, and (if you request it) with a carer or relative. A therapist should only break this confidentiality in the most serious of instances such as if a child is at risk or if there is immediate danger to yourself or others.

If you are concerned at any point about what might be shared, check with your therapist exactly what information will be passed to others. If you feel your confidence has been broken, you should use the NHS complaints procedure which you can find out about at any local NHS organisation or via [www.nhs.uk](http://www.nhs.uk)

## What to expect and how to know if it's working

NHS practitioners will be qualified and belong to a professional body (with a code of ethics and practice, complaints and disciplinary procedures). Some will be in training or newly trained, as with any services. All will be properly supervised. At the start of therapy, your therapist will ask you to complete some questionnaires.

These will help you and your therapist gain a clearer picture of the difficulties connected with your symptoms of depression. You can then agree the main areas that therapy will focus on.

It is important that you are given enough information and help to make a choice you are happy with and that your therapist is someone you have confidence in working with. Above all, you should feel listened to, treated with respect and that your concerns and need for help are taken seriously.

Your therapist will check this by asking for your feedback about whether you are satisfied with the therapy you are being offered and confident you will get the care you need *before* you start therapy as well as *after* you finish to check if it really has helped you.

If you are not satisfied at any point, you should say so and your therapist should then help you review your options. If you don't feel comfortable giving this feedback to your therapist, you can ask to speak with the service manager or clinical lead. The more information you have about what to expect, and the more confidence you have in the agreed approach, the less likely you are to be disappointed.

You should be given a choice of time, date, the place where you have your therapy and how you wish to be contacted..

Questions you may also like to ask include:

- How long is a session and how often are they held?
- How long might therapy last for and how does it end?
- How long before I should expect to feel some benefit from therapy?
- If I need to speak to someone in-between sessions who can I call?

- Have you had experience of working with people with similar problems to mine?
- Is therapy confidential and when might confidentiality be broken?
- Why have I been recommended this particular type of treatment?
- What are the advantages and disadvantages of this treatment?
- What will the treatment involve?
- How will the treatment help me?
- What sort of improvements might I expect?
- Are there any risks associated with this treatment or with any medication I (may) also have been prescribed?
- What happens if it hasn't helped me recover by the time we finish?

## Monitoring your progress in therapy...

Your therapist will ask you to complete some questionnaires during therapy, often on a weekly basis. This is to help you and your therapist to see what progress you are making and so you can give feedback about whether you are finding the therapy helpful.

This is very useful because not everyone makes progress at the same rate. If the questionnaires show that you are not benefitting sufficiently from therapy, it gives you and your therapist a chance to think about why this might be and, if necessary, to review your therapy plan and make changes.



# Cognitive Behavioural Therapy (CBT)

The term 'Cognitive' is a scientific term for thought or thinking. 'Behavioural' means the things we do, so the name means 'thinking and doing therapy'. CBT aims to help people change patterns of thinking and behaviour that are causing problems. Changing how you think and behave also changes how you feel. It is a structured approach – you agree goals with your therapist and try things out between sessions.

More research has been done on cognitive behaviour therapy than on other therapies and it has been shown to work for a variety of mental health problems. CBT is an approach based on scientific research evidence. This means that CBT is only offered for the treatment of problems that have been shown to improve with CBT in published research trials.

It is recommended as the first line treatment for :

- panic
- agoraphobia
- social phobia
- specific phobias
- generalised anxiety disorder
- obsessive compulsive disorder
- post traumatic stress disorder
- depression – mild to severe
- health anxiety
- anger management
- severe habits
- chronic fatigue

## How does it work?

CBT is based on the idea that the way we feel is affected by our thoughts, beliefs and by how we behave. People become depressed for many different reasons (stress, relationships, set-backs, etc). Once they become depressed they tend to have negative thoughts (e.g. "I'm a failure", "Things are hopeless", "It's all my fault") which make them more depressed and can lead to negative behaviour (such as stopping doing things that used to be pleasurable). Changing how you think when depressed, and what you do as a result, also changes how you feel.



## What does CBT involve?

CBT mainly focuses on the present and is a 'doing' and talking therapy. It involves planning practical exercises or experiments with your therapist and carrying these out together or as homework between sessions. CBT encourages people to engage in activities and to write down their thoughts and problems for discussion during therapy. CBT can also involve problem-solving and learning how to deal with worry or with difficult memories.

## Length and frequency of therapy

Individual CBT: up to 16–20 sessions over 3 to 4 months. People with moderate to severe depression may have two sessions a week at the start of treatment. The treatment may be extended further in order to help people stay well. Individual CBT takes place in one-to-one sessions with a therapist.

Group CBT: 10 to 12 sessions over 12 to 16 weeks. Group CBT consists of a course of sessions run by two healthcare professionals in groups of 8–10 people.

## Low-intensity interventions

A "lower dose" of CBT treatment is how low intensity interventions are often described. This means they involve shorter, less frequent contact with a Psychological Wellbeing Practitioner rather than a therapist. A best practice guide is available at <http://www.iapt.nhs.uk/silo/files/psychological-wellbeing-practitioners--best-practice-guide.pdf> psychological wellbeing practitioners Low intensity interventions are often delivered by telephone or using the internet. They often involve guided self help and evidence shows that the guidance and support of the practitioner is crucial to the effectiveness of the treatment.

To find out more about this specific therapy and what you can expect from your therapist visit: [http://www.ucl.ac.uk/clinical-psychology/CORE/CBT\\_framework.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/CBT_framework.htm) and read the guide for service users.

# Interpersonal Psychotherapy (IPT)

IPT is a time-limited and structured psychotherapy. A central idea in IPT is that psychological symptoms, such as depressed mood, can be understood as a response to current difficulties in relationships. In turn, the depressed mood can also affect the quality of our relationships.

An example may help. If someone is depressed they may withdraw from those close to them, apparently refusing their help (perhaps because they feel like a failure and are ashamed of this). Family and friends may feel rejected and hurt, unable to understand why their offers of help are not taken up, and they may, in turn, pull away. The depressed person may take this as confirmation of their view of themselves as a failure, and this could make them feel even more depressed and withdrawn, setting up a vicious circle.

## How does it work?

The main focus of IPT is on relationship problems and on helping the person to identify how they are feeling and behaving in their relationships. When a person is able to deal with a relationship problem more effectively, their psychological symptoms often improve. IPT typically focuses on the following relationship difficulties:

- Conflict with another person
- Life changes that affect how you feel about yourself and others:
- Grief and loss:
- Difficulty in starting or keeping relationships going



## What does IPT involve?

Your therapist will need to get as good a picture as they can of what you are finding difficult in your life and how this is affecting you and people close to you. They will ask some questions, but they should also make it clear that you only need to give as much information as you feel comfortable with. Your therapist will ask you about your symptoms and also about current and past relationships in your life.

Your therapist will ask you questions to help you to take stock of the relationships that are important to you, looking at their strengths and any problems. Once you and your therapist have gained a clearer picture of the relationship difficulties that are connected with your symptoms, you can then agree on the main relationship problem areas that therapy will focus on

Your therapist might also suggest some follow-up, monthly sessions once you have completed the agreed course of therapy.

To find out more, and to get more information about this specific therapy and what you can expect from your therapist visit [http://www.ucl.ac.uk/clinical-psychology/CORE/competence\\_frameworks.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm) and read the guide for service users or you can visit the IPT-UK network website [www.interpersonalpsychotherapy.org.uk](http://www.interpersonalpsychotherapy.org.uk)

## Length and frequency of therapy

Your therapist will talk with you about the number of sessions you can expect to have; this will depend on the problems you have and the setting you are being seen in. IPT is often offered over 16 sessions, but sometimes it is offered over fewer sessions (8-12).

# Brief Dynamic Interpersonal Therapy (DIT)

DIT is a form of brief psychodynamic psychotherapy developed for treating depression. It is particularly helpful for people with emotional and relationship problems, especially if these are linked to previous relationship difficulties.

We have known for some time that difficult experiences in the past can continue to affect the way people feel and behave in the present and that this can cause problems in relationships which in turn can be linked to depression.

## How does it work?

Psychodynamic therapy is based on the idea that when something is very painful we can find ourselves trying to ignore it. Most of the time we know when we're doing this but sometimes we can bury something so successfully that we lose sight of it completely.

DIT aims to help people by focussing on certain key aspects of someone's current relationship patterns. If we can help them change these they feel more able to sustain

intimacy and closeness with others and their depression lifts.

In practice, DIT tries to help someone talk more freely about themselves. In doing so, it might become clear, for example, that whenever someone tries to get to know them, they fear the worst and push them away to make sure no-one gets close enough to hurt or disappoint them again. This would be one kind of self-defeating pattern.

If a person's difficulties go back to earlier in life they may not notice for themselves the impact this can have on how they are behaving or responding to others because it becomes second nature – 'the way things are'. By drawing attention to some key aspects, picking up on an immediate detail in the moment, for example, the DIT therapist tries to help them make sense of how they are in their present relationships more clearly. In this focussed way, using a combination of feelings and reflection, they can then change how they respond and move on, more secure in their ability to relate to others.



## What does DIT involve?

Your therapist will need to gather some basic information about you and current and past relationships. Sometimes your therapist may remain silent, waiting for you to speak. This is because a DIT therapist wants to hear what is on your mind and get a sense of how your emotions and thoughts are interacting or give a pause for reflection when powerful feelings are stirred up. This may feel a bit uncomfortable – in which case, your therapist will try to help talk about this so you can both explore things freely again.

Each session your therapist will typically help you identify and focus on a recurrent pattern in your relationships that helps you understand your discussion and make progress towards what you want out of the therapy.

DIT uses what happens in the relationship between you and your therapist to help think about the problems in your life. So, a person who worries about getting hurt or rejected might start to worry that the therapist will reject them too, perhaps becoming convinced the therapist isn't really interested in them. This pattern is then explored and new ways of thinking are tested out.

## Length and frequency of therapy

Your therapist will talk with you about the fixed number of sessions you can expect to have. This will typically be sixteen sessions. The therapy usually takes place once a week: a session is 50 minutes. Your therapist will discuss with you any planned breaks and what happens if you cancel sessions.

To find out more, and to get more information about this specific therapy and what you can expect from your therapist visit [http://www.ucl.ac.uk/clinical-psychology/CORE/competence\\_frameworks.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm) and read the guide for service users.

# Couple Therapy for Depression

Couple Therapy is an approach that can help both people in a relationship with the emotional difficulties that sometimes flow from problems between partners, especially when one or both people are depressed. There are many different types of couple therapy but what is described here is a particular type of couple therapy that has been developed to help people who are suffering from depression.

People might benefit from couple therapy for many different reasons. It may be that the relationship has broken down or that there is anxiety that it might. Sustaining a fulfilling and stable relationship is never easy. Pressures from work, money, children, family tensions and ill health can all contribute to creating problems and these problems can lead to depression and other difficulties for one or both partners. Sometimes couples can't talk to each other and meeting with a couple therapist can open the way to better communication which seems to be a key part of improving relationships.

## How does it work?

Research has shown that couple therapy helps people with depression when they are in relationships that are experiencing difficulties. Improving your relationship through working together on the things that create unhappiness, helps both you and your partner move on from stuck and often hostile patterns of interaction.

This in turn can lead to a happier and more fulfilling relationship. Having a happier and more fulfilling relationship often relieves depression which in turn improves your relationship. This positive cycle tends to improve mood and emotional well being.



## What does Couple Therapy for depression involve?

Everyone's therapy will be a bit different but typically the couple therapist aims to help you and your partner open up the issues that seem to be troubling you both. Together, you will decide on new ways to relate to each other, gaining a greater understanding along the way of your own and your partner's feelings. Talking openly with your partner about problems for the first time can feel difficult and you may be worried about what your couple therapist thinks about you. Your couple therapist will usually try to get a good picture of what you and your partner are finding difficult in your relationship and how this is affecting you both. You may both be offered a session on your own at the beginning of therapy as some things can be hard to talk about with your partner at first. Although your couple therapist will need to gather some basic information about you and your life, most of the time they will let you take the lead.

Sometimes your couple therapist may suggest ways for your partner and you to improve your communication and this may occasionally involve some "homework". Mostly, however, they will be interested in helping the two of you have a conversation so that you can find your own ways to understand and resolve the problems you are having.

## Length and frequency of therapy

There may be some variation in the number of sessions of therapy you are offered according to the way your local service is run. However, it is worth bearing in mind that if you are having some relationship problems and you are depressed, it is recommended that you have up to 20 sessions of couple therapy over a period of six months.

In most NHS services it is likely that you will be seen once a week for about 50-60 minutes. In some cases sessions may be offered on a less frequent basis, for example fortnightly rather than weekly. There should be a clear agreement between you and your couple therapist on these arrangements.

To find out more, and to get more information about this specific therapy and what you can expect from your therapist visit [http://www.ucl.ac.uk/clinical-psychology/CORE/competence\\_frameworks.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm) and read the guide for service users or you may wish to visit the Tavistock Centre for Couple Relationships website [www.tccr.org.uk](http://www.tccr.org.uk)

# Counselling for Depression

Counselling assumes that people have a core or natural "self" and that people have a natural tendency to want to be in harmony with their "self". When someone develops psychological difficulties, counselling assumes that they have lost touch with this natural self in some way. What is described here is a particular type of counselling that has been developed to help people suffering from depression. Counselling believes that two things make this process of recovery more likely:

- a) the development of a trusting relationship between the counsellor and client – because without this it is very difficult for clients to get in touch with how they think and feel - without this trusting relationship change is unlikely to happen.
- b) rather than focussing on symptoms counselling sees the client as a whole person and tries to understand their "world" from their point of view.

## How does it work?

Counselling tends to see depression as primarily an emotional problem. Being overly critical of ourselves, feeling we are worthless and being left with unresolved feelings from difficult relationships can make us feel low and depressed.

Counselling aims to help people get in touch with the feelings underlying their depression, to express these, make sense of them and develop new ways of looking at themselves and the world around them. This is achieved by counsellors focusing on how you feel and understanding your situation from your point of view. The Counsellor is not there to tell you what to do but to help you to explore what you wish to talk about in a thoughtful and understanding manner.

## What does counselling involve?

Everyone's counselling will be tailored to suit their problems but your counsellor will help you feel respected and will create a setting in which you feel comfortable to talk. Many people find it difficult to speak about their problems with someone they do not know, and it is important that your counsellor makes you feel that they are to be trusted, and can help you manage if you talk about things which upset you or about which you feel embarrassed. Talking openly about yourself for the first time to a new person can feel difficult and you may be worried about what your counsellor thinks about you. Your counsellor will help you to make sense of any worries you may have about starting counselling. They should give you the feeling that they know that starting therapy can be difficult and also a sense that they understand what life is like for you.

## Length and frequency of therapy

There may be some variation in the number of sessions of counselling you are offered according to the way your local service is run. Typically, people with mild to moderate depression might receive about 6–10 sessions over 8–12 weeks but in more complex cases up to 20 sessions of counselling may be offered. In most NHS services it is likely that you will be seen once a week for about 50-60 minutes.



To find out more, and to get more information about this specific therapy and what you can expect from your therapist visit [http://www.ucl.ac.uk/clinical-psychology/CORE/competence\\_frameworks.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm) and read the guide for service users.

