

The perspectives and experiences of LICBT practitioners with complex cases

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Introduction

Studies show that Low-Intensity Cognitive Behavioural Therapy (LICBT) effectively reduces symptoms of depression and anxiety in individuals with mild to moderate symptoms. However, there is limited research on LICBT practitioners’ experiences and the complexities they face in their clinical work. Despite a strong evidence base, LICBT is not always consistently implemented in practice. This research aims to explore LICBT practitioners’ experiences and perspectives on these complexities.

“I feel recovery for complex patients is low at LICBT level.”

Methods

Participants at an online LICBT conference for professionals delivering or supervising low-intensity CBT answered questions in their own words, resulting in single-spaced qualitative data. The sample included 117 working-age adults in the UK involved in mental health care and LICBT. A qualitative content analysis was used to analyse the open-text responses, generating main themes and sub-themes from the data. Each question was analysed individually.

Results

Theme	Subtheme
1. Working with presenting problems that aren’t appropriate for LICBT	<ul style="list-style-type: none"> • Co-Morbidity • Problems that don’t have a LICBT evidence base
2. Mismatch between work and the system	<ul style="list-style-type: none"> • Failing because to meet desired “outcomes” when not working in a true LICBT way • Need for LICBT to be delivered as intended • Need for range of therapy approaches for things that are outside of LICBT • Appropriate onward referral processes
3. Issues with training and ongoing support:	<ul style="list-style-type: none"> • Core training doesn't prepare you for the realities of practice • LICBT CPD is beneficial but limited provision and when able to access it, there are challenges to implementing • Requesting upskilling in other modalities outside of LICBT fill the gap • Need for Managerial support
4. Hopeless and Deskilled	<ul style="list-style-type: none"> • Running on practitioner proactivity • Adaptation beyond what they are taught / Beyond LICBT • Insecurity about my ability and about LICBT • Left feeling inadequate

“As a practitioner, felt very helpless in trying to support these clients.”

Theme	Frequency In Dataset
Working with presenting problems that aren’t appropriate for LICBT	170
Mismatch between work and the system	66
Issues with Training and lack of ongoing support:	121
Feelings of Hopelessness and Deskilled	25

“Very few patients coming through the door are mild-moderate presentation and that at least 50% have complex trauma or other diagnosis...”

Discussion

- Our study reveals several key challenges in LICBT. Practitioners often deal with inappropriate presenting problems, co-morbidity, and issues lacking a solid evidence base. There’s a mismatch between work and system expectations, highlighting the need for proper delivery of LICBT and appropriate referral processes.
- Training and ongoing support are also problematic. Core LICBT training doesn’t fully prepare practitioners for real-world practice, and Continuing Professional Development (CPD) is limited. If continuing to work in this way, practitioners need upskilling in other modalities and managerial support.
- These challenges lead to feelings of hopelessness and being deskilled, with practitioners relying heavily on their proactivity and adapting beyond their training, often feeling insecure about their abilities and the efficacy of LICBT. Addressing these issues is crucial for improving LICBT practice.

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