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Citation for final published version:

Kunorubwe, Taf 2025. What's holding us back? Exploring barriers in low-intensity CBT groups. Presented at: European Association for Behavioural and Cognitive Therapies (EABCT) Conference, Glasgow, UK, 06 September 2025.

Publishers page:

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# What’s Holding Us Back? Exploring Barriers in Low-Intensity CBT Groups

**Key Words:** Low Intensity Psychological Therapies, LICBT, Group CBT, Barriers, Accessibility

Taf Kunorubwe<sup>1, 2, 3</sup>

<sup>1</sup>Mindfulness in Reading – Berkshire, <sup>2</sup>Cardiff University, <sup>3</sup>University of Reading

## Introduction

- LICBT is a structured, evidence-based approach that delivers CBT in a less intensive format, typically through shorter sessions than traditional therapy and supported by self-help materials (Shafran et al., 2021)
- One method of delivery is through LICBT based group, which offer a practical and scalable way to support individuals
- Research highlights their clinical effectiveness in various settings, including depression and anxiety (Bennett-Levy et al., 2010), postnatal depression (Honey et al., 2002) and within primary care mental health services (Delgadillo et al., 2016), while also demonstrating high attendance and accessibility for large groups (Burns et al., 2015; Williams et al., 2018).
- These group typically follow a set agenda, focusing on specific themes or skills, and are guided by evidence-based approaches to ensure quality and effectiveness (NCCMH, 2018)

## Methodology

- Participants were recruited through opportunity sampling from an online workshop focused on LICBT groups, hosted by Bespoke Mental Health.
- A total of 62 practitioners took part in the survey
- The survey was anonymous and conducted online, allowing participants to freely share their experiences and perspectives about LICBT Groups.
- Respondents were based across England, Wales, Scotland, and Ireland, providing a broad and diverse view of LICBT group delivery.
- The survey explored some of the key barriers to offering and engaging clients in low-intensity CBT groups and challenges faced by practitioners in group delivery.
- In total, 2,960 words of free-text responses were collected, and these were analysed using thematic analysis to identify key themes and insights.

## Results

### Theme 1: Misconceptions about LICBT Groups

“Most people don't feel comfortable with the idea of groups as they feel it will be everybody sitting in a circle sharing things about themselves.” P2

“Some clients see groups as group therapy and worry they have to be vulnerable in front of others.” P14

“They often think it is a 'therapy group' rather than a workshop.” P25

### Theme 2: Client Concerns about Judgement and Stigma

“Some clients worry they may meet other people that they know in the group and want to remain anonymous.” P41

“Worried people in the same area they live in would see them and they would be embarrassed.” P26

“Just being there by default is admission to there being a ‘problem,’ or ‘needing help,’ which people aren't fond of admitting” P34

### Theme 3: Practical and Logistical Constraints

“Having access to the internet on a suitable device with large enough screen to share resources.” P51

“People struggle with transport or have childcare commitments.” P29

“Can't engage due to travel or timings aren't suitable due to work.” P35

### Theme 4: Lower Engagement and Attendance in Group

“Retention rates – people may just stop attending and we can be unsure why.” P13

“Not engaging with home tasks, not participating, having camera off during video course.” P8

“Only same few people engaging – a lot more DNAs.” P26

### Theme 5: Challenges in Managing Group Dynamics

“Some quiet clients and others more talkative.” P10

“Containment of conversation between patients in the group – e.g. starting their own conversations off topic.” P42

“People being disruptive in a course setting; rude, negative, argumentative.” P33

### Theme 6: Facilitator Challenges

“Worrying that they will ask a question I can't answer or explain.” P30

“Facilitators not preparing in advance i.e. reading slides and home tasks.” P52

“Confidence, having sufficient time to prepare and be confident.” P61

## Discussions

- Despite the established effectiveness of LICBT groups, multiple barriers persist in offering and delivering them in routine practice.
- While group formats may not be appropriate or preferred by all clients, they hold significant potential for delivering evidence-based psychological therapy at scale.
- Key challenges include misconceptions about groups, concerns about confidentiality, service-level constraints, practitioner confidence, managing group dynamics, and logistical issues.
- These barriers may be addressed through efforts to challenge common misconceptions, targeted training, supporting practitioners, developing service models, and organisational support all aimed at improving access and maximising the reach of LICBT groups.
- Future research should focus on co-developing solutions with practitioners and service users, piloting more adaptable group formats, and sharing best practices across services.
- Ongoing evaluation of existing delivery models will also be essential to embedding LICBT groups into routine care.

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## Acknowledgements

With heartfelt thanks to Pam Myles and Bespoke Mental Health for their incredible support in hosting the webinar. Also, a huge thank you to all participants for their engagement and for sharing such valuable insights.