

## Brief Clinical Reports

# PROMOTING COGNITIVE THERAPY IN BRITISH PSYCHIATRY

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**Abstract.** Psychiatrists, who are still performing the executive roles in many areas of mental health, make up 6.5% ( $N = 184$ )<sup>1</sup> of the British Association for Behavioural and Cognitive Psychotherapies (BABCP) membership. Considering that there are currently 4577 practising psychiatrists in the U.K. (Consultants, Senior Registrars, Specialist Registrars, Associate Specialists and Staff grades), the above figure is put into perspective. The equivalent figure for clinical psychologists is 40.9% ( $N = 1162$ ) of BABCP membership, taken from a national total of 3734 qualified professionals. Viewed in this context, the present review examines the profile of cognitive therapy (CT) in British psychiatry during the last three decades. As a measure of this, it was decided to survey the number of articles on cognitive therapy appearing in two key psychiatric journals widely circulated in Britain: *The British Journal of Psychiatry* and *Current Opinion in Psychiatry*.

*Keywords:* Cognitive therapy, psychiatry, training, review, publications.

### Introduction

The widespread evidence of the benefits of cognitive therapy has led the Royal College of Psychiatrists to regard CT as a form of therapy in which psychiatrists should be trained. A recent publication, *Educational policy* (Royal College of Psychiatrists, 1997), specifies that general psychiatric training for all psychiatrists should include some knowledge and understanding of the basic concepts of CT, next to an understanding of the basic concepts of behaviour therapy, dynamic psychotherapy and family therapy. The policy states that higher training for consultant psychotherapists should include

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expert knowledge of at least one model of psychotherapy and enough understanding of other models to refer appropriately. The policy does not comment on exposure to CT within higher training for general psychiatrists.

One way of facilitating awareness and training of CT within the profession is through the publication of appropriate articles on the subject in high profile psychiatric journals. The authors therefore surveyed the publication history of CT over the last 30 years in two key journals (*The British Journal of Psychiatry* (BJP) and *Current Opinion in Psychiatry* (COP)). This was done (i) to obtain an indirect measure of the profile of CT within psychiatry, and (ii) to compare a British with an international journal.

The *BJP* is the flagship journal of the Royal College of Psychiatrists and is published monthly. It prints “original work in all fields of psychiatry”, including studies, reviews and letters; all articles are peer reviewed. *COP* is a bimonthly journal published by the World Psychiatric Association. It prints review articles on subjects within 13 selected areas of psychiatry, therefore representing a broad spectrum of specialisms.

### Methodology

A systematic search of the *BJP* and *COP* was performed to retrieve all articles (studies, reviews and letters) pertaining to either CT or cognitive-behaviour therapy (CBT). The search involved a computerized database search on Medline and a manual search through the yearly indexes of the two journals. Each item was subjected to a criterion check. The following criteria were used: *Either*, the term cognitive or cognitive-behaviour therapy appeared in the title or abstract, *or*, CT or CBT was judged independently (inter-rater agreement, 96%) by the authors to be a major feature of the article.

### Results

Figure 1 is a histogram of the number of articles on CT published in the *BJP*. The first article did not appear until 1981 and CT only became a regular topic after 1993. Figure 2 shows that a wide range of topics have been covered, although depression, psychosis and the anxiety disorders (GAD, OCD) have appeared most prominently.

Articles on CT have occurred every year since *COP*'s inception in 1988 (see Figure 3). Figure 4 illustrates that a range of subjects has been covered, but the most frequent articles have been general reviews.

### Discussion

The results of the survey show that CT has been rather poorly represented in the *BJP*, particularly during the early years of the therapy's development. As can be seen from the profile presented in Figure 1, a great deal of the early work in CT went unreported. It is only as CT has matured and come of age (early 1990s) that we see it featuring more frequently. It was encouraging to observe that many of the *BJP* articles were empirical studies of therapeutic efficacy; this was particularly reassuring as CT places a great deal of emphasis on evidence-based practice. Initially, the range of topics was fairly narrow, with 80% of the studies between 1981 and 1984 being concerned with depression. This is not surprising, since CT was first developed for the treatment of unipolar depression and empirical evidence has consistently shown CT to be effective

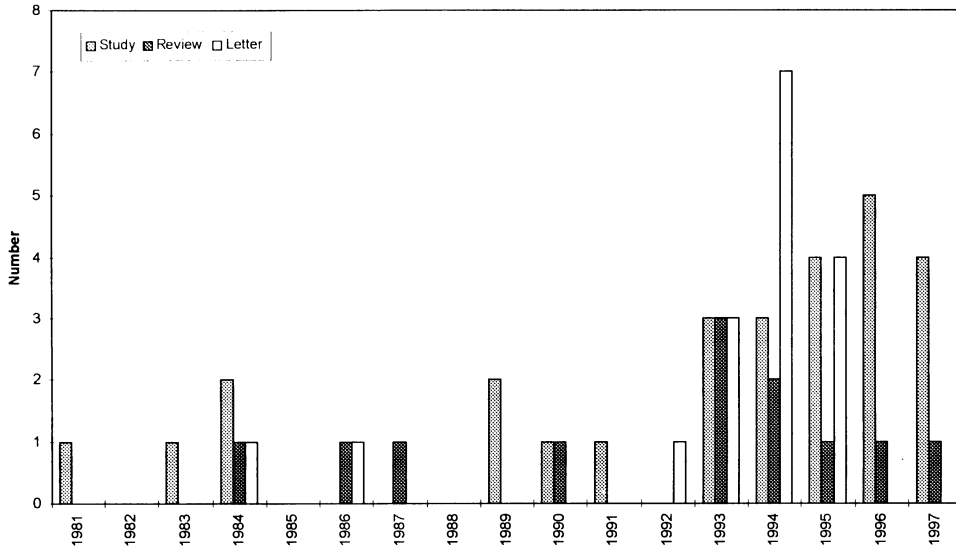


Figure 1. Yearly review of articles in BJP

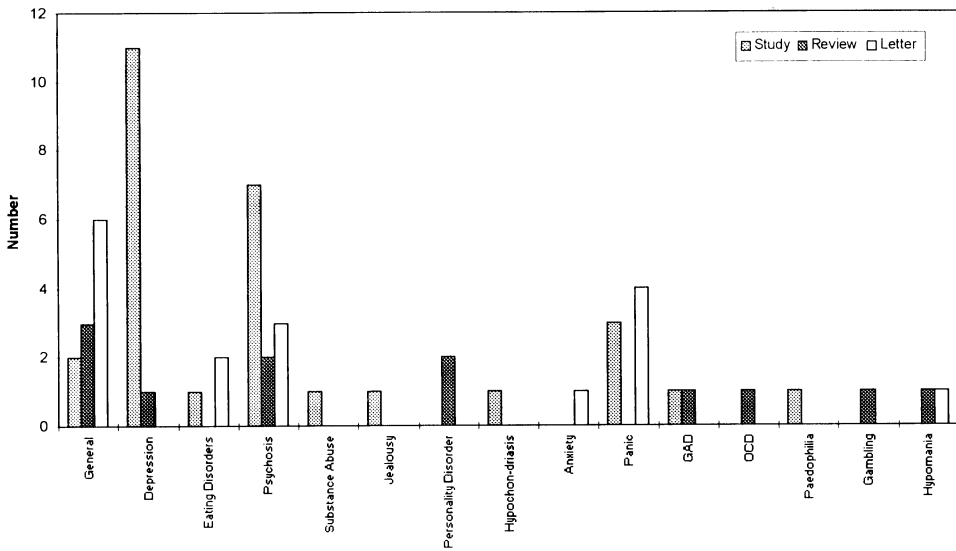


Figure 2. Subject matter of the articles appearing in the BJP

with this disorder. Figure 1 shows that the number of letters on CT has generally increased over time. It is worth noting that those years recording the highest figures (e.g. 1994) usually reflect a series of short correspondences between authors, with two or three letters appearing in the same issue.

In contrast, the *COP* has regularly published articles on CT throughout the journal's 10 year history. It has an annual commentary on progress in the field of CBT, although

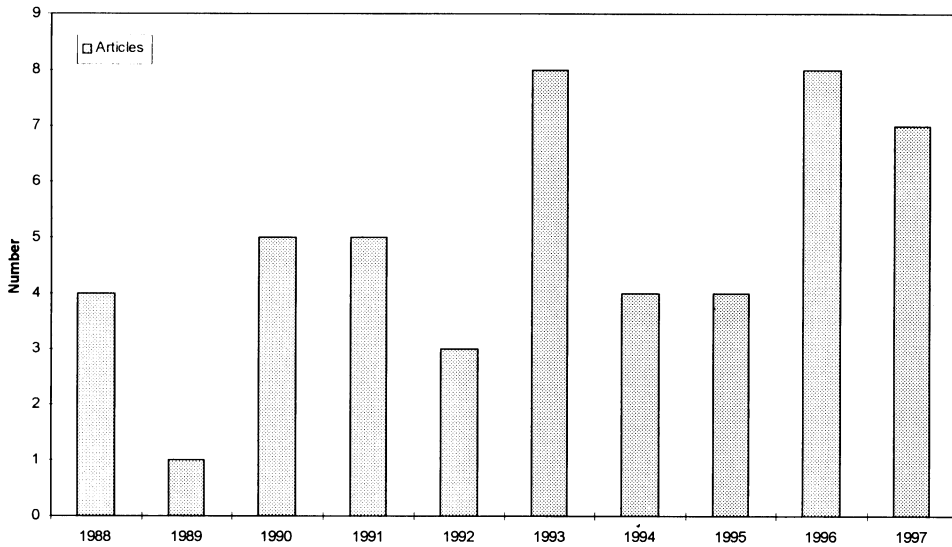


Figure 3. Yearly review of articles in *COP*

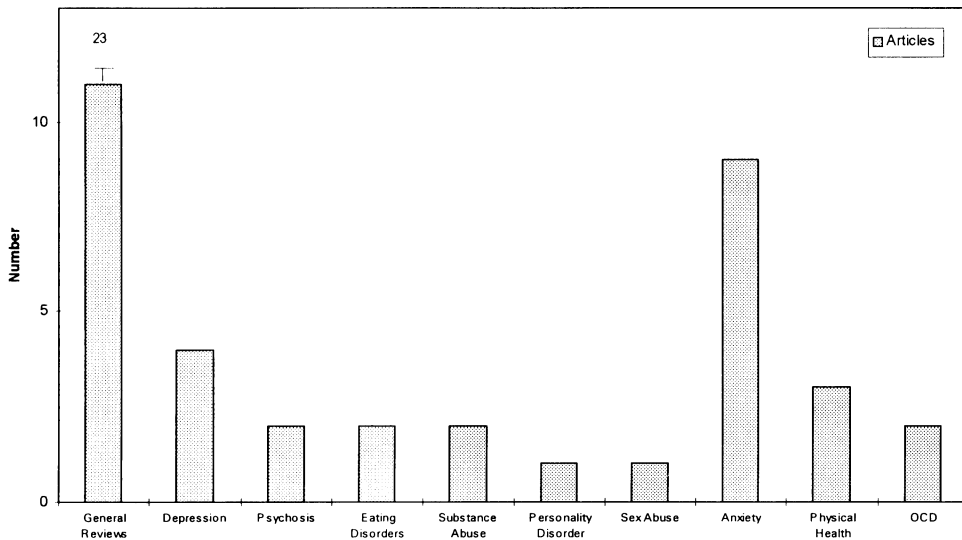


Figure 4. Subject matter of the articles appearing in *COP*

this is often couched in more behavioural terms. As well as providing general reviews of CT, *COP* has provided detailed reviews of a range of topic areas, particularly those relating to the anxiety disorders (panic, agoraphobia, GAD, health anxiety, and OCD). The better representation of CT in this journal may reflect its higher status outside Britain. Alternatively, it may reflect the fact that *COP* has a more specific policy of covering the diversity of psychiatry.

**Table 1.** BABCP membership\*

Profession	<i>N</i>	% of total
Clinical psychologists	1162	40.9
Nurses	808	28.4
Counsellors	206	7.3
Psychiatrists	184	6.5
Social workers	83	2.9
Teachers and lecturers	78	2.7
Researchers	65	2.3
Counselling psychologists	50	1.8
Students	47	1.7
Miscellaneous	45	1.6
Occupational therapists	38	1.3
Miscellaneous psychologists	36	1.3
General medics	21	0.7
Educational psychologists	19	0.7
Probation officer	1	0.04
<b>Total</b>	<b>2843</b>	<b>100</b>

\*As they described themselves on membership application form.

It is clear from our review that, after a relatively poor start, CT is beginning to have an impact on the psychiatric literature widely available in Britain. However, many psychiatrists still appear to view CT as a “fringe” treatment. This is somewhat surprising, given that many eminent psychiatrists have been central to the development of CT over the last three decades (e.g. A. T. Beck in the U.S.A.; M. Gelder in the U.K.).

One of the main reasons for the lack of utilization of CT has to do with the self-perception of many psychiatrists, particularly general psychiatrists, who continue to view their roles as competent dispensers and monitors of biological treatments. The lack of interest may also reflect the fact that severe mental illness (e.g. psychosis) is a priority for psychiatry, and as yet there is limited evidence of the efficacy of CT in this area. For many psychiatrists, time constraints may lead to the view that any psychotherapeutic intervention is impractical.

Another reason for the slow-uptake of, or even resistance to, CT in British psychiatry is that psychodynamic therapy has traditionally been the dominant political and therapeutic force. Despite the recent guidelines from the Royal College of Psychiatrists, placing CT on an equal footing with other psychotherapies, it seems that the influence from the psychotherapy section of the College is still predominantly psychodynamic. As a result, the cognitive model has often been incorrectly perceived as a weak alternative to medication and as a less sophisticated psychotherapy than its psychodynamic cousin.

Specialist training in CT can be obtained via a number of routes (see Scott & Moorhead, 1998; Brittlebank & Owens, 1997). There are three major post-qualification training centres in the U.K. (London, Newcastle and Oxford) and other centres have emerged in recent years in Manchester, Glasgow, Edinburgh, and Chester. A recent

retrospective review of former participants of the Newcastle post-qualification course (Ashworth, Williams, & Blackburn, in press) examined the perceived benefits derived from the training. Over the course's history, 23.5% of the trainees were either psychiatrists or GPs. They perceived themselves to have benefited from the course and reported that the training had significantly influenced their style of working.

The main aim of the current paper was to measure the profile of CT within the British psychiatric profession by examining the number of relevant articles published in the *BJP* and *COP*. This approach has a number of weaknesses. For example, the articles published may reflect the interests of editors and reviewers rather than members of the profession. Secondly, because the contributors to the two journals are from many nationalities, the sample will not reflect purely British interests. In addition, the distribution of publications might be skewed by the fact that it is often easier to obtain funding for pharmacotherapy based studies. Hence this review may not reflect true clinical practice, only publication trends. As a reliability check regarding this latter feature, the authors examined the number of CT articles appearing in the *Psychiatric Bulletin*, a publication that sets-out to reflect current trends in U.K. psychiatric practice. The results revealed that between 1988 and 1997 the mean number of articles each year on CT was 1.5 (range 0–3). This finding clearly lends support to the general theme of the paper, suggesting that there has been only a moderate level of interest in CT as determined through publication profiles.

### Conclusion

The proven efficacy of CT has obviously facilitated its spread. Its flexibility and ability to incorporate views and techniques from other forms of psychotherapy, within a cognitive framework, has encouraged its adoption by mental health professionals. Its emphasis on empirical evidence, making explicit hypotheses open to falsification, has meant that CT is acceptable to hard-nosed scientists and is particularly appropriate given the current importance of evidence based practice.

Patients are becoming more sophisticated, knowledgeable and demanding about what sort of therapy they require. For these reasons, it is important for psychiatrists to have a basic understanding of CT and knowledge about which patients are likely to benefit most. Even if psychiatrists are not practising CT themselves, they need up to date information regarding efficacy in order to refer appropriately, just as they need to keep abreast of the pharmacological literature in order to prescribe appropriately. The current survey suggests that the rise of CT has, until relatively recently, been poorly represented within the psychiatric literature, and this has been particularly so within U.K. journals.

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