

<b>Institution:</b> London South Bank University		
<b>Unit of Assessment:</b> 04 – Psychology, Psychiatry and Neuroscience		
<b>Title of case study:</b> Helping psychological therapists to support clients taking or withdrawing from prescribed psychiatric drugs		
<b>Period when the underpinning research was undertaken:</b> 2009 – present		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g. job title):</b>	<b>Period(s) employed by submitting HEI:</b>
Professor Marcantonio Spada	Professor of Addictive Behaviours and Mental Health	August 2009 – present
<b>Period when the claimed impact occurred:</b> 2019 – 2020		
<b>Is this case study continued from a case study submitted in 2014?</b> N		
<p><b>1. Summary of the impact</b> (indicative maximum 100 words)</p> <p>Research carried out at London South Bank University has extended the Cognitive Behaviour Therapy (CBT) paradigm for the conceptualisation and treatment of addictive behaviours through the identification of novel metacognitive factors involved in the cause of, maintenance, and relapse of addictive behaviours.</p> <p>Research findings from this body of work influenced the contents of the “<i>Guidance for Psychological Therapists (GPT): Enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs.</i>” This guidance, commissioned by an All-Party Parliamentary Group, was aimed at meeting the need for better training and guidance in supporting psychological therapists working with clients, who are either taking or withdrawing from prescribed psychiatric drugs. It is the first and only guidance of its kind. The GPT was endorsed by Public Health England (PHE), the Royal College of Psychiatrists (RCP), and the National Institute for Health and Care Excellence (NICE). It has been included in education standards impacting 80,000 psychological therapists in the UK, thus improving professional practice and service-user outcomes.</p>		
<p><b>2. Underpinning research</b> (indicative maximum 500 words)</p> <p>CBT has been a standard treatment for psychiatric conditions, including addictive behaviours, since gaining prominence in the 1970s. Since its inception, the CBT “toolset” used by psychological therapists has been broadened. An important contribution to widening the scope of CBT was the introduction of the notion of metacognition by Professor Adrian Wells in 1994. Metacognition refers to the belief systems individuals hold about their own cognition and the means employed to monitor (attention) and control (rumination, worry, thought suppression) cognition. The early work in the field by Wells and associates applied the metacognitive approach to the treatment of anxiety and depression with significant success, extending the outcome benefits of CBT.</p> <p>The number of individuals seeking help with “coming off” prescribed psychiatric drugs has risen in line with an increase in the number of people being prescribed them. This has brought to the fore the need to provide support for psychological therapists working with clients, who are either taking or withdrawing from prescribed psychiatric drugs.</p> <p>This case study summarises research by Professor Marcantonio Spada (Professor of Addictive Behaviours and Mental Health, at London South Bank University since 2009) that has demonstrated that a metacognitive approach can be successfully applied to the treatment of addictive behaviours, including prescribed psychiatric drugs (such as antidepressants).</p>		

Metacognition addresses the question of how we think about our own cognitive experiences. As a practising psychological therapist and academic researcher, Spada became aware of the pioneering work of Wells on metacognition in the context of anxiety and depression. He started to explore how the concept may be applied to the area of addictive behaviours and could help extend the applicability of existing CBT.

Through a process of observation in clinical settings, experimentation, and the development of a wide base of psychometric measures Spada developed a comprehensive metacognitive framework that centred around novel constructs, including metacognitive beliefs, metacognitive monitoring, and recurrent negative thinking patterns, such as rumination, worry and the novel concept of “desire thinking”. These constructs appeared to explain a significant proportion of the cause and maintenance of addictive behaviours [R1, R2] (2013, 2015). This understanding has led to the development and testing of new treatment methods and protocols for addictive behaviours (attention training, detached mindfulness and restructuring of metacognitive beliefs).

From a metacognitive perspective, the use of prescribed psychiatric drugs may, in many instances, lead to the development of uncontrollability metacognitive beliefs. These can include metacognitive beliefs such as “the drug controls my mind” or “I have no control over my mind without the drug”. If associated maladaptive forms of coping (thought suppression, rumination, and worry) also develop, they can exacerbate and heighten levels of psychological distress, especially in the face of unrecognised and mis-managed withdrawal symptoms [R3, R4, R5] (2009–2015).

The research undertaken by Spada has shown that, from a metacognitive perspective, it is key to manage the use of, and withdrawal from prescribed psychiatric drugs, in a manner that facilitates the development of adaptive metacognitive beliefs. An example of an adaptive metacognitive belief is: “the distress I am experiencing now, during my withdrawal, is part of re-adapting to life without medication – it is transitory”. In turn, this restructuring of metacognitive beliefs will reduce the chances of experiencing escalations in psychological distress and will therefore facilitate psychological recovery.

Spada used this comprehensive and scientifically founded metacognitive framework for conceptualising addictive behaviours to extend traditional CBT models and develop strategies aimed at supporting psychological therapists to enable clients taking or withdrawing from prescribed psychiatric drugs to: (1) normalise experiences that are linked to the use of prescribed psychiatric drugs; and, (2) if willing, consider avenues for change in use. Current guidance to practitioners did not support this new approach; it indicated lower incidence rates of patients who had problems withdrawing from prescribed psychiatric drugs and faster “weaning off” times than Spada observed. In a 2019 paper he highlighted: (1) the need to update guidelines on the underestimated incidence rates of withdrawal problems; and, (2) the importance of developing new guidance to support those who are suffering from psychiatric drug withdrawal and the psychological therapists supporting them [R6].

### 3. References to the research (indicative maximum of six references)

*All journal articles presented below have been rated either 2\* or 3\* in the REF 2014 and in the REF 2021 mock exercises with external assessors.*

[R1]: Spada, M. M., Caselli, G., Nikčević, A. V., & Wells, A. (2015). Metacognition in addictive behaviors. *Addictive Behaviors*, 44, 9-15. <https://doi.org/10.1016/j.addbeh.2014.08.002>, 105 citations – GoogleScholar.

[R2]: Spada, M. M., Caselli, G., & Wells, A. (2013). A triphasic metacognitive formulation of problem drinking. *Clinical Psychology & Psychotherapy*, 20(6), 494-500. <https://doi.org/10.1002/cpp.1791> 86 citations – GoogleScholar.

[R3]: Caselli, G., Ferretti, C., Leoni, M., Rebecchi, D., Rovetto, F., & Spada, M. M. (2010).

Rumination as a predictor of drinking behaviour: a prospective study. *Addiction*, 105(6), 1041-1048. <https://doi.org/10.1111/j.1360-0443.2010.02912.x>.  
106 citations – GoogleScholar.

[R4]: Spada, M. M., Caselli, G., & Wells, A. (2009). Metacognitions as a predictor of drinking status and level of alcohol use following CBT in problem drinkers: a prospective study. *Behaviour Research and Therapy*, 47(10), 882-886. <https://doi.org/10.1016/j.brat.2009.06.010>  
64 citations – GoogleScholar.

[R5]: Ezzamel, S., Spada, M. M., & Nikčević, A. V. (2015). Cognitive-behavioural case formulation in the treatment of a complex case of social anxiety disorder and substance misuse. In M. H. Bruch (Ed.), *Beyond Diagnosis: Case Formulation in Cognitive-Behavioural Psychotherapy*. London, UK: Wiley.

[R6]: Davies, J., Read, J., Hengartner, M. P., Cosci, F., Fava, G., Chouinard, G., van Os, J., Nardi, A., Gøtzsche, P., Groot, P., Timimi, S., Moncrieff, J., Spada, M. M., & Guy, A. (2019). Clinical Guidelines on Antidepressant Withdrawal Urgently Need Updating. *BMJ*, 365, l2238. <https://doi.org/10.1136/bmj.l2238>  
18 citations – GoogleScholar

#### 4. Details of the impact (indicative maximum 750 words)

The research findings have influenced the members of an All-Party Parliamentary group, professional bodies, psychological therapists, and patient outcomes.

The impacts can be summarised under the following headings:

- Impacts on policy and standards
- Impacts on professional practice
- Impacts on service users

##### Impacts on policy and standards

In 2018 the All-Party Parliamentary Group for Prescribed Drug Dependence (APPG for PDD) decided to develop a new Guidance for Psychological Therapists (Enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs) (GPT).

The GPT is aimed at supporting psychological therapists to enable clients, taking or withdrawing from prescribed psychiatric drugs, to normalise their experiences linked to the use of prescribed psychiatric drugs and, if willing, consider avenues for change in use.

When planning the members of the working party that would be responsible for deciding the contents of, and writing, the GPT, the group had to ensure that the new guidance would be comprehensive and include information on the best tools available.

Members of the committee commented on their decision to invite Spada to join the team.

The Secretariat Coordinator of the APPG for PDD stated, “*At the time we convened the GPT team, we knew of Professor Spada’s work in the field of CBT and addictive behaviours in general and his publication of the letter in the BMJ convinced us that he was in sympathy with the opinion of the APPG, namely that prescribed psychiatric drugs are over prescribed and difficult for patients to come off, not least because psychological therapists do not have the understanding and tools to help clients achieve the possible goal of discontinuation in use. As a result, we decided to invite him to join the group and advise on the practical and theoretical implications of developing an understanding of prescribed drug dependence and withdrawal for CBT practitioners*” [S1].

A Professor of Psychoanalytic Psychotherapy, and one of the three editors of the GPT, stated, “*My knowledge of the work of Professor Spada in the field of CBT for addictive behaviours led me to recommend that he was asked to join the working group on the GPT to ensure that the guidance*

*accurately reflected the evidence on withdrawal from prescribed psychiatric drugs, on which the guidance is based. His expertise was invaluable in helping to draw up the guidance, and his input was much appreciated by the Working Group” [S2].*

In view of his expertise, Spada acted as co-chair of the Withdrawal Evidence and Pragmatics tranche and was a member of the Implications for Therapeutic Practice tranche of the GPT [S3]. The metacognitive approach [R3, R4, R5] was embedded in the strategies put forward in section five of the GPT.

The GPT has been endorsed by the British Association for Counselling and Psychotherapy (BACP), the United Kingdom Council for Psychotherapy (UKCP), the British Psychological Society (BPS), the National Counselling Society (NCS), and the International Institute for Psychiatric Drug Withdrawal (IIPDW) together representing 80,000 of the UK psychological therapists, and by senior clinicians and researchers in the field. Since its launch, in December 2019, the GPT has been downloaded approximately 10,000 times.

The BACP published the GPT on its website in July 2020 and it has been accessed over 900 times. It also ran a free-of-charge on-line event that was accessible both to members and non-members. The online event took place in November 2020, with 2,100 attendees (mostly therapists, counsellors, and mental health practitioners) on the day and another 2,000 bookings since its launch. A draft framework for the practice and education of counselling and psychotherapy (SCoPEd) co-developed by the BACP, British Psychoanalytic Council, and UKCP now includes the *“ability to understand core issues relating to the role of psychiatric drugs, dependence and withdrawal and the implications these have for clients or patients in therapy”* as a competency requirement [S4].

The APPG for PDD reported in its minutes of a meeting in June 2019, that the current guidance position that *“symptoms (of withdrawal) are usually mild and self-limiting to one week”* was being considered for revision as part of its, then, current consultation. The APPG for PDD linked this directly to the BMJ letter [R6] and as a result NICE (National Institute for Health and Care Excellence) is currently consulting on revisions for guidelines on depression in adults [S5]. The Royal College of Psychiatry (RCP) guidelines on the treatment and management of antidepressant withdrawal were also updated [S6]. In September 2020, the RCP created a supporting patient online resource which has been endorsed by the Royal College of General Practitioners and the Royal Pharmaceutical Society [S6].

### **Impacts on professional practice**

The metacognitive framework approach to treating addictive behaviours to prescribed psychiatric drugs has influenced professional practice.

*A psychological therapy practitioner stated, “I have been in practice for 10 years and have long experience that it is far more complex for patients when they stop taking antidepressants than the guidelines indicated. The letter in the BMJ provided validation of my opinion and the GPT guidelines allowed me the confidence as a practitioner to justify officially changing my practice to embrace the metacognitive framework. Thanks once again for this pathfinding approach to addiction practice” [S7].*

*A psychotherapist and addictions specialist stated, “The metacognitive framework approach developed by Professor Spada has inspired and encouraged me to develop my capability beyond my previous CBT based understanding and approach, by specialising in this discipline. My experience with Professor Spada’s metacognitive approach showed great improvements in not only patient outcomes, but also length of therapy when compared to patients I have treated using traditional CBT. These outcomes have not only been experienced when applying this approach to poly drug use, multiple different substance abuse disorders, non-substance related addictions such as gambling, pornography, sex addiction, but I have also experienced improved outcomes for patients with co-occurring mental health and addiction disorders” [S8].*

**Impact on service users**

The application of the metacognitive framework has improved patient outcomes. A Cognitive Behaviour Therapy practitioner stated, *"I was always frustrated because I did not have the tools to take my patients along the protracted recovery path that I observed users of prescription psychiatric drugs had to follow. Since the publication of the GPT I have been able to change my approach and help my patients in a number of different ways"* [S9].

Activists who campaign for recognition of the difficulties of individuals who try to stop taking prescribed psychiatric drugs welcomed the GPT and reported on it in major academic journals [S10].

**5. Sources to corroborate the impact** (indicative maximum of 10 references)

[S1]: Email from the Secretariat Coordinator for the APPG for PDD.

[S2]: Email from a Professor of Psychoanalytic Psychotherapy and co-editor of the GPT.

[S3]: Website link showing Professor Spada's role in co-producing the GPT (see section 5): <https://prescribedrug.info/>

[S4]: Website link showing new competency requirements in SCoPEd that are based on the GPT (see pages 19 and 28): <https://www.bpc.org.uk/download/1250/SCoPEd-Draft-Framework-Accessible-July-2020-FINAL.pdf>

[S5]: Website link to the minutes from the APPG for PDD (see minute 1.4.1): <http://prescribedrug.org/wp-content/uploads/2019/07/APPG-Minutes-130619.pdf> –

[S6]: Website link by the RCP on stopping antidepressants: <https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/stopping-antidepressants>

[S7]: Email from a psychological therapy practitioner.

[S8]: Email from a psychotherapist and addictions specialist.

[S9]: Email from a Cognitive Behaviour Therapy practitioner.

[S10]: Website showing endorsement for GPT from activist: <https://bjgp.org/content/70/694/245>