

Psychotherapists' Views of Treatment Manuals

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How helpful are treatment manuals to practicing psychotherapists? A survey of 47 cognitive-behavioral therapists explored their overall responses to manuals (e.g., number read, favorite manuals) and their descriptions of the ideal manual (ratings of 20 features). Findings indicated a very positive view of manuals, extensive use, and few concerns. Ratings of the ideal manual emphasized practical advice, the notion that more is better, and endorsement of some features that are typically not included (e.g., illustrations). Implications for practice are discussed, including ways that therapists can make the best use of manuals and awareness of limitations of manuals for mastering a treatment.

How helpful are treatment manuals to practicing psychotherapists? What do clinicians like and dislike about them? What manuals are most popular? Are there features they want to see that are not currently part of the typical manual? Although treatment manuals are one of the major innovations in psychotherapy practice of the past several decades (Addis, 1997), there has been little exploration of how therapists actually view them.

The idea behind treatment manuals is that by specifying the theory and techniques of a treatment in written form, manuals can inspire therapists toward use of a broader array of interventions, standardize treatment implementation and training, and increase the internal validity of research studies (Binder, 1993; Dobson & Shaw, 1988; Luborsky & DeRubeis, 1984; Wilson, 1998). The number of manuals available to clinicians is proliferating at a great rate, and attempts to empirically validate them have also increased (Najavits, 1998). The use of manuals has also highlighted impor-

tant treatment-related issues, such as the distinction between therapist adherence and competence and the concept of purity of techniques (Luborsky & DeRubeis, 1984). Manuals are so accepted that they are now a defining element of adequate psychotherapy outcome trials (Dobson & Shaw, 1988).

Despite the popularity of manuals, some controversy surrounds their use (Kendall, 1998). A frequently expressed concern is that manuals may represent a "cookbook" approach that oversimplifies the therapy process (Addis, 1997; Crits-Christoph, 1993), resulting in the misuse of treatment techniques. Without adequate concurrent supervision, therapists may apply techniques rigidly or inappropriately, overvaluing fidelity to the manual at the expense of thoughtful application to particular patients (Binder, 1993). Empirical work relating therapists' adherence to psychotherapy outcome has indeed shown mixed results (e.g., Binder, 1993; Crits-Christoph et al., 1991) and generated considerable efforts to understand ways in which the use of manuals might be improved to better promote positive treatment effects (Binder, 1993; Moras, 1993). Manuals have also been accused of promoting schoolism, such that integrative and eclectic models of therapy may be inadvertently devalued, as well as potentially codifying a stagnant set of acceptable treatment techniques (Dobson & Shaw, 1988; Wilson, 1998). Therapists' resistance to manuals has been noted for many of the above reasons (Addis, 1997; Craighead & Craighead, 1998; Kendall, 1998).

The Treatment Manual Survey

In the current study our goal was to explore psychotherapists' evaluation of manuals: the purposes and extent to which they use them, what components of manuals they find most and least helpful, their views on controversies about manuals in the literature, and their reaction to adherence scales. We selected a sample of cognitive-behavioral (CB) therapists, both to limit the potential confound of orientation and because manuals originated in CB modalities (Luborsky & DeRubeis, 1984), and thus therapists of that orientation are likely the most exposed to them.

Therapists were recruited by word-of-mouth and at a national CB conference (the Association for the Advancement of Behavior Therapy). Therapists had the option of remaining anonymous or identifying themselves and thus receiving a \$5 payment.

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A 56-item survey was developed specifically for this study on the basis of a literature review designed to identify key issues in the use of manuals. The survey has three components: (a) overall response to treatment manuals and adherence scales (e.g., how many manuals they have read, how much they like manuals and adherence scales, listing of favorite manuals, opinion ratings on key controversies about manuals); (b) the ideal manual (preference ratings for 20 manual components such as in-session handouts); and (c) therapist background variables (e.g., age) to describe the sample. Scaling for items was either categorical (e.g., for gender) or they were on a scale ranging from 0 (*not at all*) to 4 (*a great deal*) for responses to manuals, except for opinion ratings on controversies about manuals, which were on a scale ranging from -2 (*disagree strongly*) to 2 (*agree strongly*). Results are provided using descriptive statistics on each item for the full sample.

Sample Characteristics

Of the 55 questionnaires completed, 47 were used. Seven were excluded because CB was not the primary theoretical orientation (<50%); 1 was excluded because of lack of exposure to any manuals. Of the 47 therapists, 57% were female. Their mean age was 39 years ($SD = 9.8$). Therapists rated their allegiance to six theoretical orientations to total 100%. Means for the sample were as follows: CB, 88% ($SD = 14.7$); psychodynamic, 9% ($SD = 12.4$); and systems, 3% ($SD = 5.3$). Half (49%) considered themselves purely (100%) CB. By training, 64% had a doctoral degree in psychology, 9% were master's-level social workers, 2% were MD psychiatrists, 2% were alcohol and drug counselors, 17% were still in training, and 6% did not report a degree. Therapists with degrees had a mean of 9.5 years of experience ($SD = 7.2$) since completion of training; most (96%) worked primarily with adult patients. On a 0-100% scale, therapists also reported a high likelihood that they would choose the same career again ($M = 81.63$, $SD = 18.74$), high gratification from their work

($M = 81.77$, $SD = 13.75$), and high self-perceived effectiveness as therapists ($M = 81.06$, $SD = 10.26$).

Overall Response to Manuals

In general, the response to manuals was very positive. Therapists had read a mean of 7.3 manuals (range = 1-25, $SD = 4.87$), liked them a lot ($M = 3.16$, $SD = 0.94$), and found them very helpful ($M = 3.27$, $SD = 0.83$), with questions scaled 0-4. Most (87%) refer back to manuals rather than reading them just once (49%), and most discuss them with colleagues (66%). (Percentages total more than 100% as multiple responses were possible.) Motivation for reading manuals was largely intrinsic. For instance, therapists reported reading manuals most frequently to improve their work in a treatment they already practiced ($M = 3.20$, $SD = 0.99$), to learn a new treatment ($M = 2.89$, $SD = 1.27$), and to fulfill intellectual curiosity ($M = 2.64$, $SD = 1.11$). Therapists read manuals less frequently for extrinsic training purposes, such as to fulfill a training requirement ($M = 2.07$, $SD = 1.54$) or to train others ($M = 1.89$, $SD = 1.66$); and research was the least frequent reason for reading manuals ($M = 1.74$, $SD = 1.73$). Opinions about manuals were overwhelmingly positive, with very little criticism of them (see Table 1). Despite the largely positive response to manuals for the sample as a whole, a subgroup of 25% of therapists rated their liking of manuals on the lower half of the scale (i.e., <2.5).

Several therapists provided write-in comments, most of which suggested deficits: "Manuals need more realistic portrayals of patient-therapist dialogue"; "more notes of caution are needed"; "there is a world of difference between good and bad manuals—also, one always needs human supervision to learn new techniques"; "manuals should be updated every few years"; "if a manual is translated, cultural differences should be considered"; "the author should provide enough resources so readers can attain

Table 1
Mean Opinion Ratings of Treatment Manuals

Statement	<i>M</i>	<i>SD</i>	<i>n</i>
They can be an important, helpful tool for clinical practice.	1.73	0.49	47
They can help one to become a better clinician.	1.55	0.65	47
They can be an important, helpful tool for research purposes.	1.55	0.69	47
They are inspiring and motivating.	0.78	0.93	45
They should only be written if they describe treatments that have been validated by research.	0.34	1.34	47
Their goal of making psychotherapists more uniform and similar is a good one.	0.33	1.16	46
They may be harmful.	-0.16	1.29	44
They are too simplistic.	-0.63	0.97	46
They are too focused on orientations or "schools" of therapy rather than eclectic approaches.	-0.64	1.15	47
They condescend to therapists.	-1.04	1.06	47
They impede the development of new therapies by focusing on already-existing therapies.	-1.21	1.08	47
They limit one's creativity and innovation.	-1.28	1.02	47
For professional clinicians, after reading a manual, one is competent to perform that type of treatment (assuming no other supervision, training, or experience with the treatment).	-1.45	0.77	47

Note. Items were rated on a scale ranging from -2 (*disagree strongly*) to 2 (*agree strongly*), with 0 indicating neutrality.

full competency in the treatment"; "manuals could be misused—e.g., copyright issues."

In addition, therapists listed specific manuals they found most helpful; in rank order, they were as follows: *Anxiety Disorders and Phobias: A Cognitive Perspective* (Beck & Emery, 1985), *Cognitive Therapy of Depression* (Beck, Rush, Shaw & Emery, 1979), *Cognitive Therapy of Personality Disorders* (Beck & Freeman, 1990), *Cognitive Therapy of Substance Abuse* (Beck, Wright, Newman, & Liese, 1993), *Psychological Treatment of Panic* (Barlow & Cerny, 1988), and *Cognitive-Behavioral Treatment of Borderline Personality Disorder* (Linehan, 1993).

Overall, therapists viewed adherence ratings as more important for research ($M = 1.93$, $SD = 0.25$) than for clinical work ($M = 1.17$, $SD = 0.97$). They reported feeling comfortable being rated on such a scale ($M = 1.09$, $SD = 1.07$) and disagreed with the idea that adherence scales should only be used for trainees ($M = -1.33$, $SD = 0.87$). (All questions on adherence scales were rated from -2 to 2 .)

The Ideal Manual

Ratings of manual components are listed in Table 2. Results indicate that the highest value is placed on basic description of the treatment (e.g., techniques, theoretical rationale, and frequently encountered problems).

Summary

Overall, the 47 CB therapists in our sample viewed manuals highly favorably. Of the respondents, 75% liked manuals either "a

lot" or "a great deal"; the average number of manuals read was seven; and therapists' reasons for reading manuals were largely intrinsic—a quest to improve skills and intellectual curiosity—rather than extrinsic factors such as training or research. Moreover, therapists were so positive about manuals that they did not concur with virtually any criticisms in the literature—for example, that manuals promote schoolism, are too simplistic, or impede the development of new therapies. They did concur with one widely noted concern, however: Manuals can be misused without sufficient supervision or training.

Therapists appeared to value manuals most for their clinical contribution, but they also were quite positive about the use of manuals for research on psychotherapy. They gave high ratings to manuals as an important, helpful tool for research purposes and to the inclusion of research results in manuals to provide empirical support for the treatment approach. They felt comfortable being rated on an adherence scale, and they viewed such scales as appropriate not just for trainees. They had low ratings only for two hard-line research points of view on manuals: They did not believe that having an empirical base for a manual is necessary before a manual is disseminated, and they did not endorse the idea that therapist uniformity is the goal of reading manuals. Thus, at least for this CB sample of therapists, manuals appear to have bridged the often-lamented gap between research and clinical work (Moras, 1993).

When therapists were asked to rate components of the ideal manual, two principles emerged: the importance of practical advice and the notion that more is better. Their interest in practical advice was indicated by the components that received the very

Table 2
Mean Ratings of the Importance of Various Components of Treatment Manuals

Component	<i>M</i>	<i>SD</i>	<i>n</i>
Description of specific techniques	3.79	0.55	47
Description of possible solutions to frequently encountered problems in using the treatment	3.34	0.79	47
Theoretical rationale for the treatment approach	3.13	0.97	47
Description of frequently encountered problems in using the treatment	3.13	0.95	47
In-session materials to hand out to patients (e.g., worksheets, homework assignments, self-monitoring materials)	3.11	0.96	47
A structured approach (a session-by-session plan, homework assignments for each session, main points to cover, etc.)	2.74	1.15	47
Research (empirical support for the treatment approach)	2.74	1.24	46
Contraindications of the treatment or some of its techniques (warnings on when not to use it)	2.68	0.98	47
A summary of main points for each session	2.66	1.05	47
A bibliography of further reading	2.62	0.85	47
Transcripts of patient-therapist dialogue	2.53	1.06	47
Case material (e.g., case histories)	2.47	0.95	47
Flexible options (e.g., a menu of different options from which the therapist can choose)	2.38	0.95	47
Background material describing clinical characteristics of the targeted patient population	2.33	1.02	47
Process comments (i.e., descriptions of tone to set, style issues)	2.26	1.19	47
Visual material: illustrations, charts, graphs, cartoons	2.22	1.01	46
An adherence scale that specifies how to rate a therapist for how well she or he complies with the manual	1.98	1.15	47
A videotape to accompany the manual, demonstrating actual in-session techniques and procedures	1.81	1.47	47
A self-quiz to test the therapist's knowledge of the material	1.66	1.11	47
Quizzes to test the patients' knowledge of the material	1.49	1.37	47

Note. Items were rated on a scale ranging from 0 (not at all important) to 4 (extremely important).

highest endorsement: descriptions of specific techniques, what problems to watch for and how to solve them, and in-session worksheets. Thus, therapists look to manuals as a problem-solving resource that suggests what to do during sessions. Some components that are very common in current manuals—for example, patient-therapist dialogue and case material—were rated lower. It is also noteworthy that various components that therapists liked are not typically included in manuals (all rated near or above the middle of the scale): for example, visual materials such as illustrations and charts, videos to demonstrate in-session techniques, and a self-quiz to test the therapist's knowledge of the material. The principle that more is better is indicated by therapists' having endorsed each component positively; none were rejected as being unhelpful.

The results of our survey were likely biased by the sample selected: CB therapists who opted to answer a questionnaire. Therapists of other theoretical orientations might express more negative opinions. Moreover, therapists who dislike manuals may have chosen not to participate in this survey. The use of an unvalidated measure and the relatively small sample size were also limitations. Finally, our study did not evaluate the relationship between therapists' views of manuals and their actual performance (i.e., process or outcome data); this would be an intriguing next step for future research.

Implications for Practice

Treatment manuals have become increasingly widespread in the teaching and practice of psychotherapy. Much of this process has occurred in a top-down manner—from writers providing manuals they designed, researchers who need to know that a particular treatment they are studying is being properly delivered, or from health insurance companies who want to be assured that a treatment for which they are paying is indeed being conducted as they expect.

What are the implications of our survey for practicing therapists? We believe there are several suggestions worth emphasizing.

1. *Become familiar with manuals.* Manuals can offer a great deal of support to the practicing therapist, who is often beset by a variety of demands and a shortage of time. The therapists in this survey overwhelmingly endorsed the helpful role manuals can play in providing specific treatment ideas, inspiration, problem-solving, exposure to new methods, and treatment tools such as patient handouts. The most popular manuals identified in this project, such as those of Beck, Barlow, and Linehan, may be a good starting point for therapists who are not yet familiar with manuals.

2. *Be aware that reading a manual is not sufficient to attain mastery of a treatment.* This is a consensus both in the literature and among the therapists in our survey. Such caution in the practice of therapy is a useful caveat, particularly as the press to do more and do it better (Gustafson, 1991) weighs on front-line practitioners in the current climate of managed-care treatment. It highlights the fact that treatment manuals, although they may help improve clinical practice, are not a simple panacea. Manuals can be supplemented with supervision, consultation with colleagues, obtaining feedback and outcome data from patients, and reading broadly in the area of work being practiced.

3. *Seek quality manuals.* A plethora of manuals are now available across a wide range of disorders and types of treatments.

Moreover, as our survey shows, manuals may differ greatly in their depth, features, and style. Suggested guidelines for selecting manuals include manuals that offer some empirical support, more extensive features, realistic and practical advice on what to do when treatment does not go as planned, and a strong theoretical rationale.

4. *Provide feedback to writers of manuals.* After reading and implementing a manual, therapists may have valuable feedback that could be useful for refining the manual. Consider contacting the publisher or author of the manual to provide such helpful information. As front-line users, therapists are in a unique position to influence future manuals; contrary to many therapists' beliefs, authors and publishers typically welcome unsolicited comments.

5. *Therapists who write treatment manuals may want to incorporate highly valued features of manuals.* Therapists in our survey made specific recommendations about the ideal manual that may help guide writers of future manuals (most of whom are practicing therapists themselves). Table 2 summarizes specific features found most valuable. Moreover, write-in comments stressed the importance of more realistic portrayals of patient-therapist dialogue; the need for more notes of caution; the need to update manuals every few years; cultural differences that should be considered when a manual is translated to a different language; and the need to provide enough resources for readers to attain full competency in the treatment. These suggestions may also be helpful for therapists to be aware of, as they suggest current limitations that many manuals fail to address adequately.

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